

02/28/01

G E O R G I A T I T L E X I X
EOB LISTING

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EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
A00	PROCEDURE CODE Y0176-Y0178 AND Y0186-Y0188 LIMITED TO ONLY 1 PER MONTH	INFO
A01	COPAYMENT INFORMATION IS MISSING OR INVALID.	INFO
A02	PAYMENT REDUCED BY CO-PAYMENT.	INFO
A03	NO COPAYMENT DUE. REFUND COPAYMENT TO RECIPIENT.	INFO
A04	EXTENDED VISIT PROCEDURE CODE IS BILLED WITHOUT APPROPRIATE VISIT PROCEDURE CODE (M0007 FOR M0008; OR H5300-T1 FOR H5300-22; OR H5300-SC FOR Y5020-SC; Y5022 FOR Y5023; OR Y5021 FOR Y5020) O.K. WITH ABOVE CORRECTION FOR SAME DATE OF SERVICE.	INFO
A05	CASE MANAGEMENT SERVICE PREVIOUSLY PAID FOR THE SAME CALENDAR MONTH	INFO
A06	PROCEDURE CODE Y3325 LIMITED TO ONE UNIT PER MONTH PER RECIPIENT.	INFO
A07	PROCEDURE CODE Y3317 LIMITED TO SIX UNITS PER RECIPIENT PER LIFETIME.	INFO
A08	TOTAL PAID AMOUNT CANNOT EXCEED \$10,000 PER RECIPIENT PER LIFETIME.	INFO
A09	PROCEDURE CODE Y3324 LIMITED TO ONE UNIT PER RECIPIENT PER LIFETIME.	INFO
A10	PROCEDURE CODES Y3308 THROUGH Y3315 MAX 312 HOURS PER PERSON PER FISCAL YEAR	INFO
A11	PROCEDURE CODE Y3326 LIMITED TO SIX HOURS PER DAY	INFO
A12	PAIN MANAGEMENT ANALGESIA AND SERVICES OTHER THAN ANESTHESIA ADMINISTRATION CANNOT BE BILLED ON 08 CLAIM FORM. REBILL USING CLAIM TYPE 02 WITH TOS 9. DO NOT USE MODIFIERS AA,AB	INFO
A15	PLEASE RESUBMIT WITH MEDICAL RECORDS	INFO
A16	CLAIM PENDING FOR VERIFICATION OF CLIA CERTIFICATION.	INFO
A17	33960 AND 33961 CANNOT BE BILLED ON THE SAME DATE OF SERVICE.	INFO

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A18	PAYMENT INCLUDED IN REIMBURSEMENT FOR 33960 OR 33961.	INFO
A19	REIMBURSEMENT FOR PROCEDURE CODE 99291, 99292, 99295, 99296, OR 99297 IS INCLUDED IN PROCEDURE CODE 33960 OR 33961. TO BE REIMBURSED FOR THE CORRECT PROCEDURE CODE, FILE FOR AN ADJUSTMENT OF PAID CLAIM CHANGING YOUR VISIT CODE TO 33960 OR 33961.	INFO
A20	PROCEDURE PREVIOUSLY PAID WITHIN A THREE DAY PERIOD	INFO
A22	OPTICAL DEVICE CODE(S) MUST BE PAID BEFORE DISPENSING FEE CODE(S) 92340, 92341 OR 92342 CAN BE PAID. PLEASE REFER TO THE POLICIES AND PROCEDURES VISION CARE MANUAL SECTION ON "DISPENSING FEE/REFRACTIVE SERVICES GUIDELINES FOR SPECIFICS.	INFO
A23	SUSPECT DUPLICATE CLAIM. VERIFY THE DATES OF SERVICE, CORRECT IF NECESSARY AND RESUBMIT ON A PAPER CLAIM.	INFO
A24	PHYSICIAN'S NAME REQUIRED ON LINE # 7 OF DMA-49 FORM. "STAFF", "FACILITY", ETC. ARE UNACCEPTABLE.	INFO
A25	Y0600-01 DISALLOWED ON SAME/OVERLAPPING DOS WITH 90830-52	INFO
A26	90830-52 DISALLOWED ON SAME/OVERLAPPING DOS WITH Y0600-01	INFO
A27	THE PROCEDURE CODE BILLED IS NOT COVERED UNDER GEORGIA MEDICAID FOR THE DATES OF SERVICE	INFO
A28	THE PROCEDURE CODE BILLED IS NOT A COVERED SERVICE UNDER GEORGIA MEDICAID	INFO
A29	YOU MAY HAVE FILED AN APPLICATION FOR A CLIA CERTIFICATE FOR YOUR LABORATORY CLAIMS. HOWEVER, OUR RECORDS DO NOT REFLECT THIS APPLICATION. CLAIM IS BEING PAID SUBJECT TO RECOVERY.	INFO
A30	PROCEDURE CODE-MODIFIER COMBINATION IS NOT CORRECT. CHECK THE CODE AND CORRECT. IF FURTHER ASSISTANCE IS REQUIRED CONTACT PROVIDER INQUIRY AT 1-800-766-4456 OR 404-298-1228.	INFO
A31	THE PROCEDURE CODE BILLED IS NO LONGER AN ACTIVE CODE. IN THE FUTURE USE PROCEDURE CODE 99431	INFO
A32	THE PROCEDURE CODE BILLED IS NOT VALID FOR THE PHYSICIAN'S PROGRAM. CORRECT THE PROCEDURE CODE ENTERED AND REBILL.	INFO

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A33	UNITS OF PSYCHOTHERAPY BILLED EXCEED USUAL AND CUSTOMARY NORM FOR SINGLE DATE OF SERVICE. FOR CONSIDERATION OF ADDITIONAL HOURS, SEND LETTER OF APPEAL, INCLUDING RECORDS TO: DIRECTOR, DIVISION OF PROFESSIONAL SERVICES, P. O. BOX 38446, ATLANTA, GEORGIA 30303.	INFO
A34	PROCEDURE CODES Y4070 AND Y4071 ARE NOT ALLOWED ON THE SAME DATE OF SERVICE	INFO
A35	TOTAL PAID AMOUNT FOR PROCEDURE Y4015 CANNOT EXCEED \$8,000.00 PER RECIPIENT PER LIFETIME.	INFO
A36	INDEPENDENT CARE PROCEDURES Y4060, Y4065, Y4068, OR Y4092 CAN NOT BE BILLED ON THE SAME DATE OF SERVICE AS HOME HEALTH PROCEDURE CODES Y0702, Y0703, H5300, OR Y0706.	INFO
A37	HOME HEALTH PROCEDURE Y0702, Y0703, H5300 OR Y0706 CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS INDEPENDENT CARE PROCEDURES Y4060, Y4065, Y4068, OR Y4092	INFO
A38	GLOBAL FEE HAS BEEN PAID FOR THIS PROCEDURE CODE.	INFO
A39	PROFESSIONAL COMPONENT OF THIS PROCEDURE HAS BEEN PAID FOR THIS RECIPIENT ON SAME DOS.	INFO
A40	UNITS OF SERVICE BILLED NOT VALID, ONE (1) UNIT HAS BEEN USED TO PROCESS THE CLAIM	INFO
A41	TOTAL BILLED AMOUNT HAS BEEN CORRECTED TO EQUAL SUM OF THE DETAILS	INFO
A42	BALANCE DUE AMOUNT HAS BEEN CORRECTED TO EQUAL TOTAL CHARGE LESS AMOUNT PAID AS INDICATED ON THE CLAIM	INFO
A43	RECIPIENT NUMBER SUBMITTED IS NOT A VALID FORMAT. PLEASE VERIFY THAT THE MEDICAID NUMBER DOES NOT HAVE SPACES OR OTHER INVALID CHARACTERS. RESUBMIT THE NUMBER AS IT APPEARS ON THE MEDICAID CARD OR RESUBMIT WITH PROOF OF ELIGIBILITY ATTACHED.	INFO
A44	DIAGNOSIS CODE INVALID FOR CATEGORY OF SERVICE.	INFO
A45	MULTIPLE UNITS OF AUTOMATED TESTS CANNOT BE BILLED FOR THE SAME DATES OF SERVICE. COMBINE AUTOMATED TESTS AND RESUBMIT AN ADJUSTMENT.	INFO

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A46	UNITS BILLED ARE GREATER THAN MAXIMUM UNITS ALLOWED FOR SPAN DAYS BILLED	INFO
A47	THIS CLAIM HAS BEEN REVIEWED FOR OTHER INSURANCE COVERAGE.	INFO
A48	PROCEDURE CODE IS INCLUDED IN MULTI-CHANNEL AUTOMATED TESTING.	INFO
A49	INVALID CLAIMS FORM BILLED. RESUBMIT ON HCFA 1500 (CT 02).	INFO
A50	DIAGNOSIS CODE INVALID FOR THIS COS	INFO
A51	COMPLETE SCREENING NOT ALLOWED ON THE SAME DATE OF SERVICE AS A VISION OR HEARING ONLY PROCEDURE.	INFO
A52	VISION OR HEARING ONLY PROCEDURE NOT ALLOWED ON THE SAME DATE OF SERVICE AS A COMPLETE SCREENING.	INFO
A53	CATEGORY OF SERVICE INVALID FOR RECIPIENT'S AGE	INFO
A54	PROCEDURE CODE 80055 INCLUDES 85022, 85025, 86287, 86762, 86592, 86850, AND 87340. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO
A55	PROCEDURE CODE 80058 INCLUDES 82040, 82250, 84075, 84450, AND 84460. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO
A56	PROCEDURE CODE 80061 INCLUDES 82465, 83718, AND 84478. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO
A57	PROCEDURE CODE 80072 INCLUDES 84550, 85651, 86255, AND 86430. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO
A58	PROCEDURE CODE 80090 INCLUDES 86644, 86694, 86762, AND 86777. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO
A59	PROCEDURE CODE 80055 HAS BEEN PAID BY PROCEDURE 85022, 85025, 86287, 86762, 86592, 86850, OR 87340. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO
A60	PROCEDURE CODE 80058 HAS BEEN PAID BY PROCEDURE 82040, 82250, 84075, 84450, OR 84460. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO

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A61	PROCEDURE CODE 80061 HAS BEEN PAID BY PROCEDURE 82465, 83718 OR 84478. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO
A62	PROCEDURE CODE 80072 HAS BEEN PAID BY PROCEDURE 84550, 85651, 86255, OR 86430. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO
A63	PROCEDURE CODE 80090 HAS BEEN PAID BY PROCEDURE 86644,86694, 86762, OR 86777. PROVIDER SHOULD NOT REBILL FOR SERVICES.	INFO
A64	PROCEDURE Y5150 MUST BE PAID BEFORE Y5151 OR Y5152 ARE BILLED	INFO
A65	PROCEDURE CODE Y5150,Y5151,Y5152,Y5163, AND Y5170 ALLOWED ONCE PER CALENDAR MONTH	INFO
A66	NEONATAL, EMERGENCY, CRITICAL CARE, CONSULT, OR VISITATION PROCEDURE CODE NOT REIMBURSABLE ON SAME DATE OF SERVICE.	INFO
A67	PROCEDURE CODE 80091 INCLUDES 84436 AND 84479, PROVIDER SHOULD NOT RE-BILL FOR SERVICES.	INFO
A68	PROCEDURE CODE Y5150 ALLOWED ONCE PER LIFETIME PER PROVIDER	INFO
A69	CLAIM BILLED DOES NOT REFLECT LEVEL OF CARE CHANGE	INFO
A70	THE DOCUMENTATION RECEIVED WITH YOUR TURN-AROUND DOCUMENT WAS INCOMPLETE. PLEASE RESUBMIT THIS TURN-AROUND DOCUMENT WITH A (DFCS) APPROVED DMA-59 AND DMA-6 ATTACHED.	INFO
A71	THE DMA-59 OR DMA-6 SUBMITTED WAS ILLEGIBLE. PLEASE RESUBMIT THIS TURN-AROUND DOCUMENT WITH A LEGIBLE (DFCS) APPROVED DMA-59 AND DMA-6 ATTACHED. PLEASE DO NOT HIGHLIGHT OR MARK THROUGH INFORMATION ON THE FORMS.	INFO
A72	CLAIM MUST BE SPLIT-BILLED FOR CORRECT ELIGIBILITY DATES FOR QMB, PRESUMPTIVE, OR HOSPICE.	INFO
A73	ONLY ONE PROCEDURE CODE PER RECIPIENT PER DATE OF SERVICE.	INFO
A74	CLAIM/PROCEDURE CODE LIMITED TO ONE DATE OF SERVICE.	INFO
A75	CLAIM IN HISTORY FOR HYSTERECTOMY/STERILIZATION ON SAME/ OVERLAPPING DATES OF SERVICE.	INFO
A76	DMA-6 RECEIVED, BUT "PAYMENT DATE" ON THE DMA-6 DOES NOT MATCH THE DMA-59.	INFO

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A77	DMA-59 RECEIVED DOES NOT COVER THE DATES OF SERVICE BILLED.	INFO
A78	CLAIM IS DENIED. EXPLANATION WILL BE SENT UNDER SEPARATE COVER BY DMA.	INFO
A79	BILLED WRONG NDC NUMBER. RESUBMIT USING NDC NUMBER REPRESENTING ACTUAL PRODUCT DISPENSED ALONG WITH THE CORRECT QUANTITY AND BILLING UNIT.	INFO
A80	LINE DENIED. DOCUMENTATION DOES NOT INDICATE SYMPTOMATIC LESION(S)	INFO
A81	COPAYMENT UNITS ARE INVALID; CORRECT AND RESUBMIT.	INFO
A82	DENIED, DOESN'T MEET MAC CRITERIA. SEE PHYSICIAN'S POLICY MANUAL SECTION 903.1B.5	INFO
A83	DENIED, DOESN'T MEET MAC CRITERIA. SEE NURSE PRACTITIONER POLICY MANUAL SECTION 903.1B.5	INFO
A84	CLAIM HAS REACHED MAXIMUM ALLOWED AMOUNT OF \$24.00 PER DATE OF SERVICE.	INFO
A85	LABOR AND DELIVERY ANALGESIA MUST BE BILLED USING EITHER 00955 OR 00857. REIMBURSEMENT IS LIMITED TO ONE ANESTHESIA PER L&D REGARDLESS OF MODE OF ANESTHESIA OR TYPE OF DELIVERY. CORRECT AND RESUBMIT.	INFO
A86	PLEASE RESUBMIT WITH ANTIPARTUM CARE RECORDS.	INFO
A87	PROCEDURE CODE 99195-PHLEBOTOMY, THERAPEUTIC, IS NOT TO BE USED FOR DRAWING BLOOD FOR LABORATORY SERVICES. THE COST OF DRAWING THE BLOOD IS INCLUDED IN EITHER THE VISIT CODE OR THE LABORATORY PROCEDURE. DO NOT REBILL.	INFO
A88	PRIOR APPROVAL REQUIRED AFTER ONE MONTH RENTAL	INFO
A89	PAYMENT NOT ALLOWED FOR INNOVATOR BRANDS OF MAC'ED DRUGS WITHOUT PRIOR APPROVAL	INFO
A90	CONCURRENT THERAPY OF SSRI'S, MAO'S, SNRI'S OR TRICYCLIC ANTIDEPRESSANTS ARE NOT COVERED WITHOUT PRIOR APPROVAL.	INFO
A91	CLAIM DENIED. MEDICARE PAID AMOUNT AND/OR MEDICARE ALLOWED AMOUNT DATA MISSING. PLEASE RESUBMIT TO MEDICARE	INFO

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	WITH THIS NOTICE OR TO MEDICAID WITH THE EOMB.	
A92	DENIED. DIALYSIS RECIPIENT RESTRICTED TO SPECIFIC PROVIDERS FOR DATES OF SERVICE. PROVIDER NUMBER SUBMITTED DOES NOT MATCH RECIPIENT LOCK-IN FILE.	INFO
A93	DENIED. REVOCATION FORM MUST BE SENT TO DMA	INFO
A94	RESUBMIT WITH NURSING HOME'S MEDICAID PROVIDER NUMBER FOR THIS HOSPICE RECIPIENT	INFO
A95	REIMBURSEMENT FOR CONTACT LENSES FOR REFRACTION CORRECTION IS LIMITED TO THE LOWER OF ACQUISITION COST, SUBMITTED CHARGES OR THE MAXIMUM ALLOWABLE PAYMENT SCHEDULE. SEE CHAPTER 1000, PAGE X-2 OF THE VISION CARE SERVICES MANUAL. RESUBMIT WITH SUPPLIER/MANUFACTURERS INVOICES.	INFO
A96	THIS CLAIM HAS BEEN ADJUSTED BY ELECTRONIC DATA SYSTEMS AT THE REQUEST OF THE DEPARTMENT OF MEDICAL ASSISTANCE.	INFO
A97	RECIPIENTS MUST BE QMB OR DUAL-ELIGIBLE FOR COS 82.	INFO
A98	PROCEDURE CODE Y4150 LIMITED TO FIVE PER SEVEN DAYS.	INFO
A99	VALID ENCOUNTER CODE MUST BE BILLED FOR NURSING FACILITY MH/MR RECIPIENT	INFO
B02	NURSING FACILITY MH/MR CLAIM CANNOT BE BILLED ON SAME DATE OF SERVICE AS AN INPATIENT OR MRWP CLAIM. ENCOUNTER CODES Y5300, Y5301 OR Y5302 FOR NURSING FACILITY MH/MR CLAIMS CANNOT BE BILLED IN THE SAME MONTH.	INFO
B03	HOME HEALTH AIDE SERVICES MUST BE PROVIDED IN CONJUNCTION WITH SKILLED SERVICES.	INFO
B04	RECIPIENT MEDICAID ELIGIBLE FOR DATES OF SERVICE, BUT DMA-59 INITIAL NOT RECEIVED FOR THE PROVIDER NUMBER INDICATED ON THE CLAIM. PLEASE SEND PROVIDER INQUIRY FORM (DMA-520A) TO EDS WITH APPROVED DMA-59 ATTACHED. SEE THE BILLING MANUAL FOR INSTRUCTIONS FOR SUBMITTING THE INQUIRY FORM.	INFO
B05	MONTHLY DISPENSING FEE PAID	INFO
B06	PAYMENT MADE WITHOUT DISPENSING FEE	INFO
B07	DOCUMENTATION HAS BEEN RECEIVED AND IS BEING REVIEWED	INFO

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B08	THIS PROCEDURE IS A DUPLICATE OF ANOTHER PROCEDURE PAID ON THE SAME DATE OF SERVICE USING THE SAME SUBSTITUTE PROVIDER NUMBER.	INFO
B09	DRUG IS INCLUDED IN NURSING FACILITY PER DIEM	INFO
B10	PAYMENT OF DISPENSING FEE IS DISALLOWED	INFO
B11	PER THE LETTER YOUR FACILITY RECEIVED, THIS CLAIM HAS BEEN VOIDED TO RECOVER MEDICAID PAYMENTS ON PERSONS WHO WERE GRANTED RETROACTIVE ELIGIBILITY FOR MEDICARE.	INFO
B12	NDC ALL 9S NOT ALLOWED FOR NON-NURSING HOME RECIPIENT	INFO
B13	COMPREHENSIVE VISITS (Y0196) MUST BE PAID BEFORE ANY OTHER PROCEDURE CAN BE BILLED IN THIS PROGRAM.	INFO
B14	PROCEDURE CODES CANNOT BE BILLED ON SAME DATE OF SERVICE.	INFO
B15	PROCEDURE CODE BILLED IS NOT A VALID CPT-4 PROCEDURE CODE. IF THE CLAIM IS FOR HEALTHCHECK SERVICES, THE CLAIM SHOULD BE SUBMITTED ON EPSDT CLAIM FORM.	INFO
B16	SERVICE NOT ALLOWED FOR GREATER THAN 20 MILES WITHOUT MEDICAL CERTIFICATION.	INFO
B17	PROCEDURE Y0411 NOT ALLOWED UNLESS PROCEDURE CODE Y0418 IS BILLED FOR 21 MILES OR GREATER.	INFO
B18	DISPENSING FEE PREVIOUSLY PAID FOR THE MONTH	INFO
B19	MAMMOGRAPHY SERVICE REQUIRES CERTIFICATION. DATE MISSING/ INVALID -- CORRECT AND RESUBMIT CLAIM.	INFO
B20	MAMMOGRAPHY SERVICE PERFORMED OUTSIDE DATES OF CERTIFICATION	INFO
B21	PLEASE RESUBMIT WITH CERTIFICATE OF MEDICAL NECESSITY	INFO
B22	RESUBMIT WITH DOCUMENTATION FROM MEDICARE THAT THE PATIENT HAS APPLIED FOR MEDICARE BASED ON THE KIDNEY TRANSPLANT AND HAS BEEN DENIED ENROLLMENT IN PART B. SEE SECTION 903.24 OF THE POLICY MANUAL.	INFO
B23	MEDICARE EOMB INDICATES CLAIM WAS PREVIOUSLY SUBMITTED. RESUBMIT CLAIM TO EDS WITH A COPY OF PREVIOUS EOMB.	INFO

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B24	RECIPIENT WAS MADE ELIGIBLE FOR MEDICARE RETROACTIVELY. PLEASE RESUBMIT CLAIM TO MEDICARE.	INFO
B25	MEDICARE EOMB INDICATES FURTHER ACTION NEEDED BY PROVIDER WITH MEDICARE. COMPLETE CLAIM PROCESS WITH MEDICARE, THEN RESUBMIT TO EDS.	INFO
B27	DENIED: DOCUMENTATION DOES NOT JUSTIFY CONSULTATION	INFO
B28	REPAIRS NON COVERED FOR D.M.E PROCEDURE CODES E0570NU AND E0607NU	INFO
B29	PROCEDURE Y4040 ALLOWED ONCE PER CALENDAR MONTH PER PROVIDER	INFO
B30	VEHICLE ID NUMBER IS MISSING OR INVALID.	INFO
B31	PROCEDURE CODES ARE LIMITED TO 60 HOURS PER CALENDAR MONTH.	INFO
B32	PROCEDURE LIMITED TO 360 UNITS PER CALENDAR YEAR UNLESS PRIOR APPROVAL OBTAINED.	INFO
B33	PROCEDURE CODES Y4081, Y4082, AND Y4083 ARE NOT ALLOWED ON THE SAME DATE OF SERVICE.	INFO
B34	CLAIM IS PENDING REVIEW BY ELECTRONIC DATA SYSTEMS	INFO
B35	PROCEDURE CODE BILLED WAS CHANGED TO REFLECT THE LEVEL OF SERVICE AS DOCUMENTED BY YOUR SUBMITTED MEDICAL RECORD.	INFO
B36	AMERGE 1.0MG TABLETS LIMITED TO 18 PER CALENDAR MONTH.	INFO
B37	AMERGE 2.5MG TABLETS LIMITED TO 18 PER CALENDAR MONTH.	INFO
B38	PROCEDURE LIMITED TO 24 PER DATE OF SERVICE.	INFO
B39	COMMUNITY CARE SERVICES NOT REIMBURSEABLE FOR THE SAME OR OVERLAPPING DATES OF SERVICE AS INDEPENDENT CARE SERVICE OR MENTAL RETARDATION SERVICE.	INFO
B40	RESUBMIT WITH HOSPICE RECORDS FOR SERVICES FILED ON THIS LINE OR CLAIM	INFO
B41	DENIED. PROVIDER SIGNATURE ON DOCUMENTATION IS BLANK. REFER TO PART II--POLICIES AND PROCEDURES FOR PHYSICIAN SERVICES IX-3	INFO

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B42	SUBSTITUTE PROVIDER NOT ENROLLED ON DATE(S) OF SERVICE FOR THIS CATEGORY OF SERVICE. PLEASE RE-SUBMIT.	INFO
B43	D.M.E. AND THERAPY NONCOVERED FOR NURSING HOME RESIDENT	INFO
B44	DURACT LIMITED TO ONE 10 DAY SUPPLY PER CALENDAR MONTH PER RECIPIENT.	INFO
B45	SEVEN DIGIT SCHOOL CODE IN FIELD 32 IS MISSING OR INVALID. PLEASE CORRECT AND RESUBMIT.	INFO
B46	SEVEN DIGIT SCHOOL CODE OR NINE DIGIT ZIP CODE MISSING/INVALID. PLEASE CORRECT AND RESUBMIT CLAIM.	INFO
B47	DIAGNOSIS CODE CAN ONLY BE USED BY NON-EMERGENCY TRANSPORTATION PROVIDERS	INFO
B48	MAXALT LIMITED TO 18 UNITS PER CALENDAR MONTH.	INFO
B49	CLAIM SPANS REIMBURSEMENT RATES IN EFFECTIVE FOR AUGUST DATES OF SERVICE. PLEASE RESUBMIT YOUR CLAIMS WITH DATES OF SERVICE BILLED IN ACCORDANCE WITH AUGUST RATE CHANGES.	INFO
B50	MENTAL HEATH SERVICES PREVIOUSLY PAID FOR THE SAME MONTH OF SERVICE	INFO
B51	CLAIM PRICING HAS BEEN ADJUSTED. INNOVATOR PRODUCTS REQUIRE PRIOR APPROVAL.	INFO
B52	M0064 IS LIMITED TO ONE EVERY 14 DAYS.	INFO
B53	WHEN BILLING A BILATERAL PROCEDURE (50 MODIFIER), IT IS CONSIDERED AS 2 UNITS. EXAMPLE: BILLING CPT 42830 WITH 6943650, CPT 42830 WILL PAY THE HIGHER ALLOWABLE AMOUNT AT 100%. CPT 6943650 WILL PAY AT 50% FOR EACH UNIT (EAR), WHICH FOLLOWS MULTIPLE SURGERY POLICY.	INFO
B54	PROCEDURE CODE 99431, 99432 AND 99435 CAN NOT BE BILLED ON THE SAME DATE OF SERVICE FOR THE SAME RECIPIENT	INFO
B55	REIMBURSEMENT AMOUNT REDUCED TO MAXIMUM ALLOWABLE.	INFO
B56	SERVICE IS INCLUDED IN SURGERY PAID FOR THE SAME DATE.	INFO
B57	PROCEDURE CODES Y4084, Y4085 AND Y4086 ARE NOT ALLOWED ON	INFO

EOB NUM	MESSAGE	EDIT/AUD IND
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	THE SAME DATE OF SERVICE.	
B58	SERVICE IS INCLUDED IN SURGERY PAID FOR THE SAME DATE.	INFO
B60	DATES OF SERVICE CANNOT BE SPANNED FOR IMMUNIZATIONS	INFO
B61	PROCEDURE CODES MUST BE BILLED WITH THE APPROPRIATE MODIFIER. PLEASE REVIEW CPT (CURRENT PROCEDURE TERMINOLOGY) AND RESUBMIT.	INFO
B62	DAYS SUPPLY REDUCED - DURACT LIMITED TO ONE 10 DAY SUPPLY PER CALENDAR MONTH PER RECIPIENT.	INFO
B63	HYDRATION SERVICES ARE INCLUDED IN CHEMOTHERAPY SERVICES.	INFO
B64	PA REQUIRED: NOT A PREFERRED DRUG. PLEASE REFER TO PD LISTING.	INFO
B65	FILE AN ADJUSTMENT OF PAID HYDRATION SERVICES BY USING A VALID CHEMOTHERAPY PROCEDURE CODE.	INFO
B66	NEGATIVE ADJUSTMENT APPLIED. PRIMARY SURGEON CONSENT FOR STERILIZATION DMA-69 WAS INCOMPLETE IN AREAS THAT CANNOT BE CORRECTED.	INFO
B67	PROCEDURE CODE Y3334 IS LIMITED TO SIX UNITS PER RECIPIENT LIFETIME	INFO
B68	CLAIM TYPE 19 MUST BE BILLED ON PAPER CLAIM FORM WITH MEDICARE EOMB ATTACHED	INFO
B69	PROCEDURE CODES Y3333 AND Y3334 LIMITED TO ONE UNIT OF SERVICE PER MONTH PER RECIPIENT.	INFO
B70	REVENUE CODE(S) IS INVALID/NOT ASSIGNED/MISSING. CHECK ALL OCCURENCES OF THE ACCOMMODATION CODE, CORRECT, AND RESUBMIT CLAIM.	INFO
B71	DUE TO FEDERAL REGULATIONS, THE ORIGINAL STERILIZATION FORM (DMA-69), PART II POLICIES AND PROCEDURES FOR PHYSICIAN SERVICES, APPENDIX F, MUST BE USED. UNOFFICIAL VERSION WILL BE DENIED.	INFO
B72	IMITREX NASAL SPRAY 5MG LIMITED TO 6 UNITS PER CALENDAR MONTH.	INFO

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B73	CLAIM DENIED: THE DATES OF SERVICE BILLED EXCEED THE PROVIDER'S ESTABLISHED LIMIT FOR PATIENT DAYS.	INFO
B74	IMITREX NASAL SPRAY 20MG LIMITED TO 6 UNITS PER CALENDAR MONTH.	INFO
B75	MIGRANAL LIMITED TO 24ML PER CALENDAR MONTH.	INFO
B76	CLAIM DENIED. MUST SUBMIT DOCUMENTATION TO JUSTIFY SERVICE PROVIDED IS GREATER THAN USUAL.	INFO
B77	ONLY ONE COMPLETE SCREENING ALLOWED PER SCREENING SEQUENCE.	INFO
B78	QUANTITY REDUCED. AMERGE 1.0MG TABLETS LIMITED TO 18 PER CALENDAR MONTH.	INFO
B79	ONLY TWO (2) CO-SURGEON CLAIMS CAN BE PAID FOR SAME SURGERY.	INFO
B80	QUANTITY REDUCED. AMERGE 2.5MG TABLETS LIMITED TO 18 PER CALENDAR MONTH.	INFO
B81	QUANTITY REDUCED. IMITREX NASAL SPRAY 5MG LIMITED TO 6 UNITS PER CALENDAR MONTH.	INFO
B82	DUPLICATE HEALTHCHECK SCREEN SEQUENCE NUMBER NOT ALLOWED.	INFO
B83	QUANTITY REDUCED. IMITREX NASAL SPRAY 20MG LIMITED TO 6 UNITS PER CALENDAR MONTH.	INFO
B84	QUANTITY REDUCED. MIGRANAL LIMITED TO 24ML PER CALENDAR MONTH.	INFO
B85	QUANTITY REDUCED. MAXALT LIMITED TO 18 UNITS PER CALENDAR MONTH.	INFO
B86	RESUBMIT WITH X-RAYS	INFO
B88	PROCEDURE CODES D9310 AND D9420 EXCEED THE LIMIT OF THREE HOURS EACH PER DATE OF SERVICE	INFO
B93	COMPLETE SCREENING NOT ALLOWED ON THE SAME DATE OF SERVICE AS THIS PROCEDURE.	INFO
B94	PROCEDURE CODE NOT ALLOWED ON THE SAME DATE OF SERVICE AS A COMPLETE SCREENING	INFO

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B95	PROCEDURE Y0247NU LIMITED TO ONE UNIT PER CALENDAR MONTH	INFO
B96	PROCEDURE CODE D0230 LIMITED TO SIX TIMES PER RECIPIENT PER DATE OF SERVICE	INFO
B97	VALID ADMISSION HOUR MUST BE ENTERED IN FIELD 18 ON THE UB92 CLAIM.	INFO
B98	VALID DISCHARGE HOUR MUST BE ENTERED IN FIELD 21 ON THE UB92 CLAIM.	INFO
C01	PROCEDURE LIMITED TO 125 UNITS PER CALENDAR YEAR. PRIOR APPROVAL REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
C02	FACILITY WHERE SERVICE RENDERED IS MISSING OR INVALID.	INFO
C03	PROCEDURE LIMITED TO 2 UNITS PER CALENDAR YEAR. PRIOR APPROVAL REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
C04	PROCEDURE LIMITED TO 4 UNITS PER CALENDAR YEAR. PRIOR APPROVAL REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
C05	PROCEDURE LIMITED TO 5 UNITS PER CALENDAR YEAR. PRIOR APPROVAL REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
C06	PROCEDURE LIMITED TO 6 UNITS PER CALENDAR YEAR. PRIOR APPROVA; REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
C07	PROCEDURE CODE LIMITED TO 9 UNITS PER CALENDAR YEAR. PRIOR APPROVAL REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
C08	PROCEDURE LIMITED TO 10 UNITS PER CALENDAR YEAR. PRIOR APPROVAL REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
C09	PROCEDURE LIMITED TO 120 UNITS PER CALENDAR YEAR. PRIOR APPROVAL REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
C10	PROCEDURE CODE D9220 IS LIMITED TO FOUR HOURS PER RECIPIENT PER CALENDAR YEAR	INFO
C11	PROCEDURE LIMITED TO 10 UNITS PER CALENDAR MONTH.	INFO
C12	THIS CLAIM HAS BEEN ADJUSTED TO ASSIGN A NEW CLAIM INTERNAL CONTROL NUMBER (ICN). REFER TO THE ADJUSTED CLAIM ICN WHEN CONTACTING EDS OR DCH ABOUT THIS CLAIM	INFO

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
C13	PROCEDURE/NDC CODE NOT COVERED FOR FAMILY PLANNING WAIVER RECIPIENT	INFO
C14	DIAGNOSIS NOT COVERED FOR FAMILY PLANNING WAIVER RECIPIENT	INFO
C15	FAMILY PLANNING INDICATOR MISSING OR INVALID	INFO
C17	PROCEDURES CODES 92525 AND 92506 LIMITED TO 2 UNITS PER CALENDAR YEAR	INFO
C18	PROCEDURE LIMITED TO 240 UNITS PER CALENDAR YEAR WITHOUT PRIOR APPROVAL	INFO
C19	PROCEDURE LIMITED TO 480 UNITS PER CALENDAR YEAR WITHOUT PRIOR APPROVAL	INFO
C20	FETAL MONITORING PROCEDURE HAS BEEN PAID FOR THIS RECIPIENT	INFO
C21	ITEMIZED DELIVERY PROCEDURE CANNOT BE BILLED WITHIN 280 DAYS OF FETAL MONITORING PROCEDURE. DO NOT RESUBMIT.	INFO
C22	RESUBMIT WITH A VALID NURSING FACILITY PROVIDER NUMBER IN MEDICAL RECORD FIELD WITH ELECTRONIC BILLING OR LINE B OF THE OTHER PHYS ID, FIELD 83, WHEN BILLING A PAPER CLAIM.	INFO
C23	THE NURSING HOME PROVIDER NUMBER IS NOT VALID. PLEASE CORRECT AND RESUBMIT.	INFO
C24	RESUBMIT AFTER REVIEWING DMA-69 FOR COMPLETION OF ALL FIELDS	INFO
C25	AN ACCESSORY PROCEDURE CODE REQUIRES PROCEDURE CODE E0570NU OR E0600NU WITH \$0.00 ON THE FIRST DETAIL	INFO
C26	AMBIEN AND IMITREX TABLETS LIMITED TO 18 PER CALENDAR MONTH	INFO
C27	IMITREX INJECTIONS LIMITED TO 4 PER CALENDAR MONTH (FOR CLAIMS ON OR AFTER 07/01/99) IMITREX INJECTIONS LIMITED TO 9 PER CALENDAR MONTH (FOR CLAIMS ON OR BEFORE 06/30/99)	INFO
C28	STADOL NASAL SPRAY LIMITED TO 54 ML PER CALENDAR MONTH	INFO
C29	QUANTITY REDUCED-AMBIEN AND IMITREX TABLETS LIMITED TO 18 PER CALENDAR MONTH	INFO
C30	QUANTITY REDUCED-IMITREX INJECTIONS LIMITED TO 4 PER	INFO

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	CALENDAR MONTH (FOR CLAIMS ON OR AFTER 7/1/99) . QUANTITY REDUCED-IMITREX INJECTIONS LIMITED TO 9 PER CALENDAR MONTH (FOR CLAIMS ON OR BEFORE 06/30/99) .	
C31	QUANTITY REDUCED-STADOL NASAL SPRAY LIMITED TO 54 ML PER CALENDAR MONTH	INFO
C32	DAYS SUPPLY HAS BEEN REDUCED TO 34	INFO
C33	SERVICE DENIED DUE TO LACK OF SUBMISSION OF MEDICAL RECORDS. PLEASE RESUBMIT WITH MEDICAL RECORDS DOCUMENTATION.	INFO
C34	PROCEDURE CODE BILLED IS NOT VALID FOR THE PLACE OF SERVICE INDICATED.	INFO
C35	THE FORM DPH/HIS (3) -57 IS MISSING OR INVALID. PLEASE RESUBMIT YOUR CLAIM WITH THE DPH/HIS (3) -57 FORM ATTACHED.	INFO
C36	PAYMENT RECEIVED FROM THIRD PARTY INSURANCE FOR THIS CLAIM.	INFO
C37	ICWP PROCEDURE NOT ALLOWED ON THE SAME CLAIM AS TBI PROCEDURE. REBILL ON SEPARATE CLAIM FORM.	INFO
C38	PROCEDURE ALLOWED ONCE PER CALENDAR MONTH	INFO
C39	DIAGNOSIS CODE PENDED FOR REVIEW	INFO
C40	PROVIDER HAS NOT AUTHORIZED BILLING SERVICE TO SUBMIT CLAIMS. POWER OF ATTORNEY MUST BE ON FILE WITH EDS PRIOR TO BILLING SERVICE SUBMITTING CLAIMS. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT EMC UNIT AT 298-1228 OR 1-800-766-4456.	INFO
C41	PROCEDURE LIMITED TO 8 UNITS PER CALENDAR YEAR WITHOUT PRIOR APPROVAL.	INFO
C42	PROCEDURE CODE LIMITED TO 120 UNITS PER CALENDAR YEAR WITHOUT PA FOR COS 96 ONLY.	INFO
C43	COS NOT COVERRED FOR FAMILY PLANNING WAIVER RECIPIENT	INFO
C44	MEDICARE ICN/CCN MISSING	INFO
C45	MEDICARE INTERMEDIARY CODE (MIC) INVALID	INFO

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C46	CLAIM DENIED DUE TO RECEIPT OF REPLACEMENT CLAIM.	INFO
C47	CLAIM DENIED: FINAL BILL HAS NOT BEEN RECEIVED WITHIN SIX MONTH LIMIT FOR BILLING INTERIM CLAIMS.	INFO
C48	CLAIM REPROCESSED BECAUSE ELIGIBLE FOR TRANSFER PRICING.	INFO
C49	REVENUE CODE 521 WITH A VALID PROCEDURE CODE REQUIRED	INFO
C50	REVENUE CODE MUST BE BILLED WITH VALID PROCEDURE CODE.	INFO
C51	UNITS BILLED EXCEED MONTHLY ALLOWABLE LIMIT WITHOUT PRIOR APPROVAL	INFO
C52	PROCEDURE LIMITED TO 40 UNITS PER CALENDAR MONTH WITHOUT A PRIOR APPROVAL	INFO
C53	FAMILY PLANNING WAIVER EDIT	INFO
C54	CLAIM MEETS SAME DRG TRANSFER CRITERIA. PAYMENT LIMITED TO OPERATING COST PLUS ADD ON AMOUNT	INFO
C56	PAYMENT FOR LABORATORY TESTING WAS REDUCED BASED ON THE BUNDLING/UNBUNDLING OF AUTOMATED CHEMISTRY PROCEDURES PERFORMED ON THE SAME DATE OF SERVICE.	INFO
C57	PROCEDURE CODE AND MODIFIER USED IN PRICING LOGIC. SEE EP SCREEN.	INFO
C58	PROCEDURE CODE X0160 CANNOT BE REIMBURSED WITHOUT A LABORATORY REPORT SHOWING THE PATIENT WAS POSITIVE FOR CHLAYMIDA. THE LAB REPORT MUST BE FOR SAME DATE OF SERVICE AS THE ZITHROMAX OR WITHIN SEVEN DAY PRIOR TO TREATMENT.	INFO
C59	DENIED-REIMBURSEMENT FOR ZITHROMAX HAS BEEN MADE TO A PHARMACY PROVIDER WITHIN SEVEN DAYS OF YOUR DATE OF SERVICE. ONLY ONE DOSE IS REIMBURSABLE WITHIN A SEVEN DAY PERIOD.	INFO
C60	OBSERVATION HOURS MISSING, INVALID, OR EXCEEDS MAXIMUM ALLOWABLE UNITS.	INFO
C61	MEDICAID ALLOWED AMOUNT EQUALS THE MEDICARE ALLOWED AMOUNT TIMES THE MEDICAID PERCENTAGE FIGURE UTILIZED IN DETERMINING THE STATEWIDE MAXIMUM ALLOWED AMOUNT.	INFO

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C62	MEDICAID PAYABLE AMOUNT BASED ON OUT-OF-STATE PROVIDER PAYMENT CALCULATION.	INFO
C63	REIMBURSEMENT IS MEDICAID PAYABLE AMOUNT MINUS MEDICARE'S REIMBURSEMENT LESS APPLICABLE TPL AND PATIENT CO-PAYMENT OBLIGATION.	INFO
C64	REIMBURSEMENT IS MEDICARE COINSURANCE AND DEDUCTIBLE AMOUNTS, LESS APPLICABLE TPL AND PATIENT CO-PAYMENT OBLIGATION.	INFO
C65	MEDICAID ALLOWED AMOUNT EQUALS MEDICARE ALLOWED AMOUNT.	INFO
□ C66	MEDICAID ALLOWED AMOUNT EQUALS THE STATEWIDE MAXIMUM ALLOWED AMOUNT.	INFO
C67	THIS IS AN INTERIM BILL. NO PAYMENT WILL BE MADE UNTIL THE FINAL BILL IS RECEIVED.	INFO
C68	NO PAYMENT. MEDICARE REIMBURSEMENT EXCEEDS THE MEDICAID PAYABLE AMOUNT.	INFO
C69	BILATERAL AND UNILATERAL SURGICAL PROCEDURE CODES CANNOT BE BILLED ON THE SAME DATE OF SERVICE.	INFO
C70	EMERGENCY PA NUMBER CANNOT BE USED FOR ANTI-ULCER DRUGS	INFO
C72	THE SPECIALITY CODE OR TYPE OF BILL ON THE MEDICARE CROSSOVER CLAIM IS NOT COMPATIBLE WITH YOUR PROVIDER DATA ON THE MEDICAID PROVIDER FILE. PLEASE CONTACT PROVIDER ENROLLMENT AT 1-800-766-4456.	INFO
C77	SUSPECT PROCEDURE PAID WITHIN A ROLLING THIRTY DAY PERIOD.	INFO
C81	UNITS BILLED EXCEED YEARLY ALLOWABLE LIMIT WITHOUT PRIOR APPROVAL	INFO
C85	RECIPIENT NOT LOCKED IN TO GBHC PROVIDER ON DATE OF SERVICE.	INFO
C86	NURSING FACILITY PROVIDER NUMBER NOT ENROLLED ON DATES OF SERVICE FOR CATEGORY OF SERVICE 16.	INFO
C87	MANUFACTURER OF THIS NDC IS NOT PARTICIPATING IN THE DRUG REBATE PROGRAM	INFO

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C88	CLAIM DENIED. COMPLETE NET REENROLLMENT PACKAGE NOT RECEIVED BY DEADLINE. CALL EDS PROVIDER ENROLLMENT FOR INFORMATION AT 1-800-766-4456.	INFO
C89	PROVIDER BASE RATE EQUALS \$0.00	INFO
C90	DRG WEIGHT EQUALS ZERO	INFO
C91	CLAIM MAY BE ELIGIBLE FOR OUTLIER PAYMENT	INFO
C92	UNITS BILLED WILL EXCEED UNIT ALLOWED EVERY TWO ROLLING YEARS PER RECIPIENT WITHOUT PRIOR APPROVAL	INFO
C95	PROCEDURE CODE IS INCORRECT, PLEASE REVIEW CPT (CURRENT PROCEDURE TERMINOLOGY) FOR THE MOST APPROPRIATE CODE AND RESUBMIT	INFO
C96	PLEASE CHECK SUBMITTED CHARGE FOR QUANTITY BILLED. CORRECT AND RESUBMIT.	INFO
C97	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	INFO
C98	DENIED. REFER TO CPT (PHYSICIANS' CURRENT PROCEDURE TERMINOLOGY) FOR APPROPRIATE PROCEDURE AND OR MODIFIER AND THEN RESUBMIT CLAIM.	INFO
C99	THERAPY SERVICES DUPLICATE.	INFO
D01	SHORT LENGTHS OF STAY LIMITS PAYMENT TO THE OPERATING COST PLUS THE ADD-ON AMOUNT	INFO
D02	INTERIM BILL DOES NOT MEET THE COVERED DAYS REQUIREMENT	INFO
D03	FROM DATE OF SERVICE MUST BE THE SAME AS THE ADMIT DATE	INFO
D04	PROCEDURE CODE Y3339 IS LIMITED TO 960 UNITS PER RECIPIENT PER STATE FISCAL YEAR	INFO
D05	TOTAL AMOUNT PAID FOR Y3337 CANNOT EXCEED \$6032.00 PER RECIPIENT PER STATE FISCAL YEAR.	INFO
D06	TOTAL AMOUNT PAID FOR Y3338 CANNOT EXCEED \$5000.00 PER RECIPIENT PER STATE FISCAL YEAR.	INFO
D08	TOTAL AMOUNT PAID FOR Y3340 CANNOT EXCEED \$149.69 PER RECIPIENT PER MONTH.	INFO

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
D09	RECIPIENT CANNOT RECEIVE SERVICES SIMULTANEOUSLY UNDER BOTH THE OLD AND NEW MRWP WAIVERS	INFO
D11	THE ABORTION FORM ATTACHED IS INVALID. PLEASE REFER TO YOUR POLICY AND PROCEDURE MANUAL FOR PHYSICIAN SERVICES DATED 04/01/98 FOR THE CORRECT FORM. CORRECT AND RESUBMIT.	INFO
D12	QUANTITY REDUCED - INSULIN DELIVERY PEN SYSTEMS LIMITED TO ONE UNIT PER CALENDAR YEAR PER RECIPIENT.	INFO
D13	INSULIN DELIVERY PEN SYSTEMS LIMITED TO ONE UNIT PER CALENDAR YEAR PER RECIPIENT.	INFO
D14	ULTRAM TABS LIMITED TO 180 PER CALENDAR MONTH PER RECIPIENT.	INFO
D15	QUANTITY REDUCED - ULTRAM TABS LIMITED TO 180 PER CALENDAR MONTH PER RECIPIENT	INFO
D16	PROCEDURE LIMITED TO 2 UNITS PER CALENDAR YEAR. PRIOR APPROVAL REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
D17	PROCEDURE LIMITED TO 120 UNITS PER CALENDAR YEAR. PRIOR APPROVAL REQUIRED FOR PAYMENT BEYOND THIS LIMITATION.	INFO
D18	PROCEDURE LIMITED TO 120 UNITS PER CALENDAR YEAR UNLESS VALID PRIOR APPROVAL.	INFO
D20	RECIPIENT'S AGE IS INCONSISTENT WITH REVENUE CODE (S)	INFO
D25	PROCEDURE LIMITED TO 32 UNITS PER CALENDAR YEAR UNLESS PRIOR APPROVAL.	INFO
D26	QUANTITY EXCEEDED - MONTHLY MAXIMUM QUANTITY EXCEEDED.	INFO
D27	CLAIM DENIED - RESUBMIT MANUALLY WITH PROOF OF NON-CONCURRENT NITRATE THERAPY.	INFO
D28	DENTAL SERVICES EXCEED \$800 PER RECIPIENT PER PROVIDER PER CALENDAR YEAR WITHOUT PRIOR APPROVAL. IF VALID PRIOR APPROVAL EXIST FOR THE SERVICES WHICH DENIED, CONTACT THE INQUIRY UNIT	INFO
D29	PEACHCARE RECIPIENTS ARE NOT ELIGIBLE TO RECEIVE SERVICES UNDER THIS CATEGORY OF SERVICE.	INFO

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
D30	SPACERS LIMITED TO ONE DEVICE PER CALENDAR YEAR.	INFO
D31	QUANTITY REDUCED. SPACERS LIMITED TO ONE DEVICE PER CALENDAR YEAR.	INFO
D32	GLUCOSE MONITORS LIMITED TO ONE PER LIFETIME.	INFO
D33	QUANTITY REDUCED. GLUCOSE MONITORS LIMITED TO ONE PER LIFETIME.	INFO
D34	RESUBMIT ON PAPER WITH PROOF OF DIABETES.	INFO
D35	DIABETIC SUPPLIES LIMITED TO 100 UNITS PER CAL. MO.	INFO
D36	QUANTITY REDUCED. DIABETIC SUPPLIES LIMITED TO 100 UNITS PER CAL. MO.	INFO
D37	ZOIMIG 2.5MG TABS LIMITED TO 18 PER CALENDER MONTH PER RECIPIENT.	INFO
D38	QUANTITY REDUCED-ZOMIG 2.5MG TABS LIMITED TO 18 PER CALENDAR MONTH PER RECIPIENT.	INFO
D39	PEAK FLOW METERS LIMITED TO ONE PER LIFETIME.	INFO
D40	QUANTITY REDUCED. PEAK FLOW METERS LIMITED TO ONE PER LIFETIME.	INFO
D41	RESUBMIT ON PAPER WITH PROOF OF ASTHMA.	INFO
D42	ZOMIG 5.0MG TABS LIMITED TO 18 PER CALENDAR MONTH PER RECIPIENT.	INFO
D43	QUANTITY REDUCED-ZOMIG 5.0MG TABS LIMITED TO 18 PER CALENDAR MONTH PER RECIPIENT.	INFO
D48	SERIAL NUMBER REQUIRED FOR DME PROCEDURE, SERIAL NUMBER IS M ISSING	INFO
E00	EX-CODE 00 - CANNOT PROCESS DUE TO MISSING INFORMATION	INFO
E02	EXPERIMENTAL PROCEDURES	INFO
E03	DISCRETIONARY/COSMETIC PROCEDURES	INFO

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
E04	PROCEDURE CODE-MODIFIER COMBINATION IS NOT CORRECT. CHECK THE CODE AND CORRECT. IF FURTHER ASSISTANCE IS REQUIRED CONTACT PROVIDER INQUIRY AT 1-800-766-4456 OR 404-298-1228.	INFO
<input type="checkbox"/> E05	PROCEDURE IS INCLUDED IN OTHER CPT-4 PROCEDURE CODE BILLED FOR THE SAME DATE OF SERVICE.	INFO
E06	THIS PROCEDURE CODE DOES NOT ALLOW REIMBURSEMENT FOR ASSISTANT AT SURGERY.	INFO
E07	SERVICE BILLED IS INCLUDED IN REIMBURSEMENT FOR GLOBAL OBSTETRICAL CARE. DO NOT RESUBMIT.	INFO
E08	VISITS/H & P/CONSULTATION INCLUDED IN SURGERY REIMBURSEMENT DO NOT RESUBMIT.	INFO
E09	RESUBMIT USING ESTABLISHED PT. CODES. NEW PATIENT IS DEFINED AS ONE WHO HAS NOT RECEIVED YOUR PROFESSIONAL SERVICES WITHIN THE PAST 3 YEARS. SEE CPT AND POLICY MANUAL.	INFO
E11	CRITICAL CARE LIMITS HAVE BEEN EXHAUSTED.	INFO
E12	FREQUENCY OF HOSPITAL MEDICAL VISITS	INFO
E13	ONLY ONE EVALUATION/MANAGEMENT SERVICE REIMBURSED PER DATE OF SERVICE.	INFO
E15	PROFESSIONAL COMPONENT PREVIOUSLY PAID	INFO
E17	PROCEDURE INCIDENTAL TO ANOTHER PROCEDURE CODE BILLED FOR SAME DATE OF SERVICE.	INFO
E18	REIMBURSEMENT FOR ALL E/M SERVICES WITH A DIAGNOSIS RELATED TO SURGERY ARE INCLUDED IN THE SURGERY GLOBAL FEE AND ARE NOT SEPERATELY REIMBURSABLE. DO NOT RESUBMIT.	INFO
E19	REIMBURSEMENT INCLUDED IN SURGEON GLOBAL FEE. DO NOT RESUBMIT.	INFO
E20	PROCEDURE/DIAGNOSIS CONFLICTS WITH NATIONALLY ACCEPTED MEDICAL PROTOCOL.	INFO
E21	PROCEDURE CODE UNBUNDLED. RESUBMIT USING DESIGNATED PROCEDURE.	INFO
E22	SECONDARY PROCEDURES	INFO

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
E24	UTILIZATION REVIEW	INFO
E25	POTENTIAL CASE MANAGEMENT	INFO
E27	DENIED-BUNDLED CODE FOR WHICH PAYMENT IS ALWAYS BUNDLED INTO PAYMENT FOR OTHER SERVICE.	INFO
E33	DISALLOWED MULTIPLE PROCEDURES	INFO
E34	CLAIM IS A DUPLICATE OF A PREVIOUSLY PAID PRACTITIONER CLAIM	INFO
E36	POTENTIAL SUBROGATION	INFO
E37	OFFICE VISIT UPCODING	INFO
E38	AGE OR GENDER IS NOT APPROPRIATE FOR PROCEDURE CODE BILLED.	INFO
E39	SENTINEL EVENTS	INFO
E40	SERVICES NOT ALLOWED BY BILLING PROVIDER.	INFO
E41	PROCEDURE AND DIAGNOSIS CODE COMPATIBILITY	INFO
E57	SERVICE BILLED IS INCLUDED IN REIMBURSEMENT FOR GLOBAL OBSTETRICAL CARE.	INFO
E59	NEW PATIENT IS DEFINED AS ONE WHO HAS NOT RECEIVED YOUR PROFESSIONAL SERVICES WITHIN THE PAST 3 YEARS. SEE CPT AND/OR BILLING MANUAL.	INFO
E68	REIMBURSEMENT FOR ALL E/M SERVICES WITH A DIAGNOSIS RELATED TO THE SURGERY ARE INCLUDED IN THE SURGERY GLOBAL FEE AND ARE NOT SEPARATELY REIMBURSABLE.	INFO
E69	REIMBURSEMENT INCLUDED IN THE SURGERY.	INFO
E71	PROCEDURE CODE UNBUNDLED. IN THE FUTURE, USE DESIGNATED PROCEDURE.	INFO
E72	DIAGNOSIS CANNOT BE USED AS PRINCIPLE DIAGNOSIS	INFO
E73	PRINCIPLE DIAGNOSIS DOES NOT MEET CRITERIA FOR ANY DRG	INFO

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
E74	INVALID RECIPIENT AGE	INFO
E75	INVALID RECIPIENT SEX	INFO
E76	INVALID DISCHARGE STATUS	INFO
E77	ILLOGICAL PRINCIPLE DIAGNOSIS	INFO
E78	INVALID PRINCIPLE DIAGNOSIS	INFO
E79	DRG WEIGHT IS NOT ON FILE.	INFO
E80	PROVIDER RATE IS NOT ON FILE.	INFO
E81	GROUPEE EDIT FAILURE	INFO
E82	CLAIM PENDING FOR MANUAL PRICING	INFO
E83	HOSPITAL BASED RURAL HEALTH CLINICS MUST USE TYPE OF BILL 711, CORRECT AND RESUBMIT	INFO
E85	MENTAL HEALTH SERVICES FOR THIS RECIPIENT HAVE BEEN PAID TO ANOTHER MEDICAID PROVIDER FOR THE SAME DOS	INFO
FLD	CLAIM INDICATES A FLOOD DISASTER COUNTY.	INFO
GBH	CASE MANAGEMENT FEE CORRECTION.	INFO
HMO	CLAIM DENIED. RECIPIENT IN HMO FOR THIS/THESE DATE(S) OF SERVICE. PLEASE REFER TO ENCLOSED INFORMATIONAL PAGE REGARDING HMO SERVICES. PLEASE RESUBMIT CLAIM FOR HMO NON-COVERED SERVICES OR FOR SERVICES PROVIDED WHEN RECIPIENT WAS NOT IN HMO.	INFO
I01	MODIFIER CHANGED, INAPPROPRIATE FOR SERVICES RENDERED	INFO
I89	ALLOWED UNITS HAVE BEEN EXCEEDED.	INFO
I90	MODIFIER 62 CHANGED TO 01, OPERATIVE NOTES DOES NOT SUPPORT CO-SURGEONS.	INFO
I91	OP NOTES DO NOT REFLECT PROCEDURE BILLED.	INFO
I92	PROCEDURE CODE BILLED CHANGED - NEW CODE INCLUDES BILLED CODE.	INFO

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
I93	MODIFIER 22 CHANGED TO 01, OP NOTES DO NOT JUSTIFY SERVICES GREATER THAN USUAL.	INFO
NFA	THIS CLAIM HAS BEEN ALTERED TO ACCOMMODATE THE RATE CHANGE EFFECTIVE AUGUST 16, 1996.	INFO
NFR	THIS CLAIM HAS BEEN CREATED DUE TO THE RATE CHANGE EFFECTIVE AUGUST 16, 1996.	INFO
NHD	CLAIM DENIED DUE TO LEVEL OF CARE CHANGE. A REPLACEMENT CLAIM HAS BEEN CREATED FOR THIS RECIPIENT.	INFO
N18	PAYMENT REFLECTS REDUCTION TO MAXIMUM ALLOWABLE UNITS	INFO
P12	UNITS OF PSYCHOTHERAPY BILLED EXCEED USUAL AND CUSTOMARY NORM FOR SINGLE DATE OF SERVICE. FOR CONSIDERATION OF ADDITIONAL HOURS, SEND LETTER OF APPEAL, INCLUDING RECORDS TO: DIRECTOR, DIVISION OF PROFESSIONAL SERVICES , P. O. BOX 38446, ATLANTA, GEORGIA 30334	INFO
X00	ESI INFO-ESI CLAIM ERRORS	INFO
X01	PLEASE SUBMIT CLAIMS TO ESI FOR PROCESSING	INFO
X02	ESI INFO - MISSING/INVALID OTHER COVERAGE CODE	INFO
X03	ESI INFO - MISSING/INVALID TRANSACTION CODE	INFO
X04	ESI INFO - MISSING/INVALID PROCESSOR CONTROL #	INFO
X05	ESI INFO - MISSING/INVALID PHARMACY #	INFO
X06	ESI INFO - MISSING/INVALID GROUP #	INFO
X07	ESI INFO - MISSING/INVALID CARDHOLDER ID	INFO
X08	ESI INFO - MISSING/INVALID AUTHORIZATION #	INFO
X09	ESI INFO - MISSING/INVALID BIRTHDATE	INFO
X10	ESI INFO - MISSING/INVALID SEX CODE	INFO
X11	ESI INFO - MISSING/INVALID RELATIONSHIP CODE	INFO
X13	ESI INFO - MISSING/INVALID DATE FILLED	INFO

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
X16	ESI INFO - MISSING/INVALID RX NUMBER	INFO
X17	ESI INFO - MISSING/INVALID NEW-REFILL CODE	INFO
X18	ESI INFO - MISSING/INVALID METRIC QUANTITY	INFO
X19	ESI INFO - MISSING/INVALID DAYS SUPPLY	INFO
X21	ESI INFO - MISSING/INVALID NDC NUMBER	INFO
X22	ESI INFO - MISSING/INVALID DISP. AS WRITTEN CODE	INFO
X23	ESI INFO - MISSING/INVALID INGREDIENT COST	INFO
X25	ESI INFO - MISSING/INVALID PRESCRIBER ID	INFO
X37	ESI INFO - MISSING/INVALID AUTHORIZATION #	INFO
X38	ESI INFO - MISSING/INVALID BASIS OF COST	INFO
X51	ESI INFO - NON-MATCHED GROUP #	INFO
X52	ESI INFO - NON MATCHED CARDHOLDER ID	INFO
X54	ESI INFO - NON-MATCHED NDC NUMBER	INFO
X65	ESI INFO - PATIENT IS NOT COVERED	INFO
X66	ESI INFO - PATIENT AGE EXCEEDS MAXIMUM AGE	INFO
X68	ESI INFO - FILLED AFTER COVERAGE EXPIRED	INFO
X70	ESI INFO - NDC NOT COVERED	INFO
X71	ESI INFO - PRESCRIBER IS NOT COVERED	INFO
X74	ESI INFO - DEDUCTIBLE EXCEEDS PAYABLE	INFO
X75	ESI INFO - PRIOR AUTHORIZATION REQUIRED	INFO
X76	ESI INFO - PLAN LIMITATIONS EXCEEDED	INFO
X77	ESI INFO - DISCONTINUED NDC NUMBER	INFO
X78	ESI INFO - COST EXCEEDS MAXIMUM	INFO

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X79	ESI INFO - REFILL TOO SOON	INFO
X81	ESI INFO - CLAIM TOO OLD	INFO
X83	ESI INFO - CLAIM HAS BEEN PAID	INFO
X84	ESI INFO - NOT BEEN PAID/CAPTURED	INFO
X87	ESI INFO - REVERSAL NOT PROCESSED	INFO
X88	ESI INFO - DUR REJECT ERROR	INFO
X99	ESI INFO - HOST PROCESSING ERROR	INFO
001	THE PATIENT'S GEORGIA MEDICAID NUMBER IS REQUIRED FOR PROCESSING. PLEASE ENTER THE NUMBER AS IT APPEARS ON THE PROOF OF MEDICAID ELIGIBILITY.	EDIT
002	THE RECIPIENT NUMBER SUBMITTED IS NOT ON THE DMA COMPUTER FILE. VERIFY THE NUMBER, CORRECT IF NECESSARY OR RESUBMIT WITH THE PROOF OF ELIGIBILITY ATTACHED.	EDIT
003	THE RECIPIENT NAME SUBMITTED DOES NOT MATCH THE DMA COMPUTER FILE. CORRECT THE NAME TO BE EXACTLY AS IT APPEARS ON THE PROOF OF ELIGIBILITY OR RESUBMIT WITH THE PROOF ATTACHED.	EDIT
004	THE DMA COMPUTER FILE INDICATES THE RECIPIENT IS INELIGIBLE FOR DATES OF SERVICE BILLED. REBILL ELIGIBLE DATES ONLY OR REBILL WITH PROOF OF ELIGIBILITY ATTACHED. FOR NURSING FACILITY PROVIDERS, A DMA-59 IS NOT VALID PROOF OF MEDICAID ELIGIBILITY.	EDIT
005	THE MEDICAL ASSISTANCE COMPUTER FILE INDICATES THAT THE RECIPIENT IS NOT ELIGIBLE FOR DATE(S) OF SERVICE BILLED. PLEASE RESUBMIT FOR THE ELIGIBLE DATES THAT APPEAR ON THE RA ONLY. IF PROOF OF ELIGIBILITY ATTACH TO THE CLAIM.	EDIT
006	RECIPIENT ON REVIEW - CLAIM PENDED - DO NOT RESUBMIT	EDIT
007	NURSING HOME PEER REVIEW 90117 - TEST DATA	EDIT
008	THE DMA COMPUTER FILE INDICATES THE RECIPIENTS DATE OF DEATH IS PRIOR TO THE DATE OF SERVICE. VERIFY THE DATE OF SERVICE AND RESUBMIT WITH A COPY OF THE DEATH CERTIFICATE.	EDIT
009	PROVIDER RESTRICTED, PEND FOR REVIEW.	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
010	MEDICARE IS THE PRIMARY PAYOR FOR THIS RECIPIENT. PLEASE BILL MEDICARE FIRST OR REBILL MEDICAID WITH THE MEDICARE EOMB ATTACHED.	EDIT
012	RECIPIENT NAME MISSING OR IS NOT A VALID FORMAT FOR GEORGIA MEDICAID. VERIFY THE NAME AGAINST THE RECIPIENT'S PROOF OF ELIGIBILITY. RESUBMIT WITH PROOF ATTACHED.	EDIT
013	LINE DENIED. INCOMPLETE CONSENT FORM FRONT/BACK NOT ATTACHED.	INFO
014	RECIPIENT NAME ON CLAIM INCOMPATIBLE W/RECIPIENT NAME ON CONSENT FORM	AUDIT
015	LINE DENIED. FEDERAL REGULATIONS HAVE PRECEDENCE OVER COURT ORDERED STERILIZATION.	AUDIT
016	CLAIM PAID ZERO DOLLARS DUE TO MEDICARE COVERAGE.	AUDIT
017	LINE DENIED. RECIPIENT MUST BE MENTALLY COMPETENT TO SIGN CONSENT.	EDIT
018	LINE DENIED. CONSENT FORM MUST BE SIGNED AT LEAST 72 HOURS PRIOR TO STERILIZATION.	AUDIT
019	WITNESS SIGNATURE ILLEGIBLE.	AUDIT
020	PHYSICIAN'S SIGNATURE MUST BE ON OR AFTER DATE OF SURGERY.	INFO
021	LINE DENIED. RECIPIENT UNDER AGE 21.	INFO
022	LINE REJECTED.	INFO
023	RECIPIENT'S BIRTHDATE NOT GIVEN/INVALID/ILLEGIBLE	EDIT
024	RECIPIENT UNDER AGE 21 WHEN CONSENT FORM SIGNED BY RECIPIENT.	EDIT
025	CONSENT FORM NOT SIGNED AT LEAST 30 DAYS PRIOR TO STERILIZATION.	INFO
026	LINE ITEM 1, 4, AND 7 OF GEORGIA CONSENT FORM BLANK/ ILLEGIBLE/INVALID.	INFO
027	CONSENT TO STERILIZATION NOT SIGNED WITHIN 180 DAYS.	AUDIT

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028	STATEMENT OF PERSON OBTAINING CONSENT INCOMPLETE/BLANK/ ILLEGIBLE.	AUDIT
029	ON PHYSICIANS STATEMENT NAME OF RECIPIENT BLANK/ ILLEGIBLE.	EDIT
030	CONSENT FORM - THE PHYSICIANS STATEMENT DATE OF OPERATION IS BLANK/ILLEGIBLE/DOES NOT CORRESPOND WITH SURGERY DATE ON DMA-69	AUDIT
031	PROVIDER NUMBER MISSING OR NOT VALID FORMAT	EDIT
032	PROVIDER NUMBER NOT ON FILE	EDIT
033	ON PHYSICIANS STATEMENT STERILIZATION PROCEDURE BLANK/ILLEGIBLE.	EDIT
034	PROVIDER ON DMA 400 DOES NOT AGREE WITH BILLING PROVIDER; PLEASE ATTACH DMA 400 FOR PROVIDER OF SERVICE.	INFO
035	PROVIDER NOT ENROLLED ON DATE(S) OF SERVICE FOR THIS CATEGORY OF SERVICE AT THIS LOCATION. PLEASE CHECK THE ALPHABETIC CHARACTER AT END OF PROVIDER NUMBER BILLED	EDIT
036	PROVIDER NOT ENROLLED FOR THIS CATEGORY OF SERVICE USING THIS PROVIDER NUMBER.	EDIT
037	PROVIDER ENROLLED FOR MEDICARE SERVICES ONLY. IF BILLING FOR THE CO-INSURANCE OR DEDUCTIBLE-COMplete THE APPROPRIATE MEDICAID CROSS OVER CLAIM AND ATTACH THE MEDICARE EOMB	EDIT
038	PROVIDER NOT ENROLLED FOR ELECTRONIC MEDIA CLAIM (EMC) BILLING.	EDIT
039	FIRST DAY OF LIABILITY ON DMA 400 DOES NOT MATCH CLAIM DATE OF SERVICE. PLEASE RESUBMIT WITH CORRECT DMA 400 ATTACHED.	EDIT
040	LABORATORY SERVICE PROVIDER MUST UPDATE INTERNAL CERTIFICATION INFORMATION. SEE APPENDIX C IN LABORATORY POLICY MANUAL FOR ASSISTANCE.	EDIT
□		
041	SUBSTITUTE PROVIDER NUMBER NOT ON FILE.	EDIT
042	APPLICABLE PARAGRAPH #1 OR #2 ON SIDE 2 OF STERILIZATION CONSENT FORM MUST BE INDICATED.	EDIT

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	CORRECT AND RESUBMIT.	
043	INDIVIDUALS DATE OF EXPECTED DELIVERY BLANK/ILLEGIBLE.	AUDIT
044	PREMATURE DELIVERY/EMERGENCY ABDOMINAL SURGERY BOX NOT DESIGNATED.	EDIT
045	PRENATAL CHARGE IS INCLUDED IN THE GLOBAL DELIVERY FEE. RESUBMIT USING APPROPRIATE GLOBAL DELIVERY CPT-4 CODE.	EDIT
046	PROCEDURE PENDED FOR MANUAL PRICE.	EDIT
047	PROVIDER SIGNATURE ON REJECT RESUBMITTAL TURNAROUND DOCUMENT IS UNACCEPTABLE; PROVIDER SIGNATURE REQUIRED.	EDIT
048	SURGICAL PROCEDURE REQUIRES PRIOR APPROVAL IF PERFORMED IN NURSING HOME OR PATIENT'S HOME	EDIT
049	COVERAGE IS LIMITED TO DIABETES AND/OR PERIPHERAL VASCULAR DISEASE	EDIT
050	SERVICE INCLUDED IN GLOBAL DELIVERY FEE. DO NOT RESUBMIT.	AUDIT
051	PURCHASE PROCEDURE CODE REQUIRED FOR ITEM BEING REPAIRED	EDIT
052	PURCHASE PROCEDURE CODE REQUIRED FOR ITEM BEING MODIFIED	EDIT
053	LABOR PROCEDURE CODE CAN NOT BE BILLED WITHOUT REPAIR ON SAME DATE OF SERVICE	EDIT
054	PURCHASE PROCEDURE CODE REQUIRED FOR ITEM BEING MODIFIED	EDIT
055	PURCHASE PROCEDURE CODE REQUIRED FOR ITEM BEING REPAIRED	EDIT
056	LABOR PROCEDURE CODE CANNOT BE BILLED WITHOUT REPAIR OR MODIFICATION ON SAME DATE OF SERVICE	EDIT
057	PRIMARY DIAGNOSIS IS NOT ON FILE OR IS MISSING	AUDIT
058	CONTACT LENS WITH REFRACTIVE CORRECTION NOT PAYABLE FOR THIS COS. BANDAGE REIMBURSEMENT LIMITED TO ACQUISITION COST, IF BANDAGE CONTACT, RESUBMIT WITH SUPPLIER/MANUFACTURERS INVOICE.	INFO
059	CO-INSURANCE INVALID FOR CATEGORY OF SERVICE BILLED.	EDIT
060	A VALID ENCOUNTER CODE MUST BE USED WHEN BILLING RURAL	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	HEALTH OR COMMUNITY HEALTH CENTER SERVICES.	
061	RECHECK DIAGNOSIS CODE BILLED, PLEASE BE SURE THE ICD-9-CM OR DSM IV CODE IS ENTERED IN BOX 24E ON THE DMA 1500 OR HCFA 1500 CLAIM FORM.	EDIT
062	PROCEDURE NON COVERED. CHECK NON COVERED SECTION OF POLICY MANUAL OR CPT-4 UPDATES AND RESUBMIT	EDIT
063	DIAGNOSIS NOT VALID FOR RECIPIENT'S AGE	EDIT
064	DIAGNOSIS NOT VALID FOR RECIPIENT'S SEX	EDIT
065	CLAIM PENDED FOR REVIEW-DO NOT RESUBMIT	EDIT
066	DIAGNOSIS CODE NOT COVERED FOR PROCEDURE CODE BILLED.	EDIT
067	CONSULTATION DISALLOWED ON SURGICAL CLAIMS OR WHEN SPECIFIC CODE OR TREATMENT IS RENDERED.	EDIT
068	PROVIDER MUST CODE CLAIM WITH A CODE FROM GA. MEDICAID PHYSICIAN INJECTABLE DRUG LIST	EDIT
069	PROVIDER NAME, PROVIDER NUMBER AND SIGNATURE ARE NOT COMPATIBLE.	EDIT
070	SERVICES ARE OVER ITEMIZED. CORRECT AND RESUBMIT ON A NEW CLAIM FORM.	INFO
071	INJECTION CODE BILLED IS NOT ON GEORGIA MEDICAID PHYSICIANS INJECTABLE DRUG LIST FOR DATE OF SERVICE. CORRECT AND RESUBMIT.	EDIT
072	DISCHARGE SUMMARY NOT COVERED BY MEDICAID.	EDIT
073	DRUG NON-COVERED FOR RECIPIENT'S AGE	EDIT
074	OUTPATIENT TYPE OF BILL CONTAINS INPATIENT REVENUE CODES	EDIT
075	NO VALID ACCOMMODATION REVENUE CODE BILLED ON INPATIENT CLAIM	EDIT
076	CLAIM IN PROCESS	EDIT
077	CLAIM PENDED FOR REVIEW OF FORM DPH/HIS (3)-57	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
078	DIAGNOSIS CODE NOT COVERED FOR OPTOMETRIC SERVICE	EDIT
079	ATTACH SIGNED PRESCRIPTION AND RESUBMIT.	EDIT
080	CO-INSURANCE AMOUNT EXCEEDS MEDICARE ALLOWABLE FOR CALENDAR YEAR BILLED	EDIT
082	PROCEDURE CODE INVALID FOR TYPE OF SERVICE BILLED - CORRECT TYPE OF SERVICE AND REBILL.	EDIT
083	INFANT CARE MUST BE BILLED UNDER THE INFANT'S NAME AND CASE NUMBER. RESUBMIT CLAIM.	EDIT
084	PROCEDURE CODE IS NOT COVERED FOR RECIPIENT'S AGE	EDIT
085	NDC EXCLUDED FROM DRUG REBATE PROGRAM	EDIT
086	CLAIM PENDED FOR PRICING	EDIT
087	PROCEDURE/SURGERY/NDC NOT COVERED ON DATES OF SERVICE	EDIT
088	PROCEDURE/DRUG NON-COVERED	EDIT
089	PROCEDURE PENDING MANUAL PRICING BY THE DEPARTMENT OF MEDICAL ASSISTANCE. IF CLAIM IS EMC, RESUBMIT ON HARD COPY.	EDIT
090	RESUBMIT WITH MEDICAL RECORDS AND LABORATORY REPORT.	AUDIT
091	SIMPLE SUTURING NOT ALLOWED WITH PROCEDURE CODES BILLED	EDIT
092	PROCEDURE CODE BILLED IS NOT VALID FOR RECIPIENT'S SEX.	EDIT
093	PROCEDURE CODE NOT APPROPRIATE FOR CATEGORY OF SERVICE.	EDIT
094	OBSOLETE NDC - NOT COVERED.	EDIT
095	PROCEDURE CODE AND/OR PROCEDURE CODE MODIFIER COMBINATION OR NDC IS NOT ON THE GEORGIA MEDICAID PROCEDURE OR DRUG FILE.	EDIT
097	PROCEDURE CODE 59420 IS ALL INCLUSIVE; ADDITIONAL VISITS ARE NON COVERED.	EDIT
098	BILLING UNIT INVALID; CLAIM DOES NOT MATCH DRUG FILE.	EDIT
099	BILLING UNIT MUST BE 2(CC'S) - CLAIM DOES NOT MATCH DRUG	AUDIT

EOB NUM	MESSAGE	EDIT/AUD IND
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	FILE	
100	CO-INSURANCE PLUS DEDUCTIBLE EXCEEDS MEDICARE ALLOWED	EDIT
101	PROCEDURE CODE BILLED IS NOT VALID FOR THE PLACE OF SERVICE INDICATED. CHECK THE PROCEDURE CODE AND PLACE OF SERVICE MAKE THE NECESSARY CORRECTION AND RESUBMIT.	EDIT
102	PAYMENT REFLECTS REDUCTION TO MAXIMUM ALLOWABLE UNITS.	EDIT
103	CLAIM PENDED FOR DMA REVIEW. PLEASE DO NOT RESUBMIT.	EDIT
104	CHOLECYSTECTOMY PROCEDURE REQUIRES PREPAYMENT REVIEW. PLEASE RESUBMIT WITH PATHOLOGY REPORT.	EDIT
105	HOSPITAL CAP SEGMENT NOT ON FILE FOR PROVIDER FOR CALENDAR YEAR OF CLAIM ADMISSION DATE. CHECK CLAIM ADMISSION DATE.	EDIT
106	RECIPIENT ELIGIBLE FOR MEDICAID COVERAGE ON DATES OF SERVICE BILLED, BUT APPROVED DMA-59 AND DMA-6 NOT RECEIVED.	EDIT
107	RESUBMIT WITH DOCUMENTATION VALIDATING HIGHER LEVEL OF SERVICE THAN AUTHORIZED TO BILL.	INFO
108	PROCEDURE CODE DOES NOT AGREE WITH DESCRIPTIONS.	EDIT
109	MEDICAL RECORDS ARE ILLEGIBLE; RESUBMIT WITH LEGIBLE COPY.	INFO
110	PROCEDURE CODE BILLED NOT COVERED BY MEDICAID - PROCEDURE AVAILABLE FROM STATE LABORATORY.	EDIT
111	PROCEDURE CODE MUST BE BILLED WITH REVENUE CODE; CORRECT LAB, SURGERY, RADIOLOGY PROCEDURE MUST BE BILLED WITH REVENUE CODE.	EDIT
112	NON PATIENT CLAIM - ONLY LABORATORY CHARGES COVERED	EDIT
113	LABORATORY PROCEDURE CODE IS NOT COVERED IN THE GEORGIA MEDICAID PROGRAM. PLEASE RESUBMIT CLAIM WITH APPROPRIATE CODE.	EDIT
114	PROVIDER CATEGORY OF SERVICE AND RECIPIENT LEVEL OF CARE ARE INCONSISTENT	EDIT
115	OUTPATIENT ONLY REVENUE CODES ARE NOT ALLOWED ON INPATIENT	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	TYPE OF BILL. CHECK REVENUE CODES AND TYPE OF BILL.	
116	ACCOMMODATION REVENUE CODES ARE NOT ALLOWED ON OUTPATIENT TYPE OF BILL. CHECK REVENUE CODES AND TYPE OF BILL.	EDIT
117	PROCEDURE NOT ALLOWED FOR RECIPIENT UNDER SIX WEEKS OF AGE	EDIT
118	IMMUNIZATION ONLY CLAIM WITH DATE OF SERVICE PRIOR TO 7-1-85 NOT ALLOWED	EDIT
120	SERVICE BILLED IS NOT COVERED FOR RECIPIENT AGE AT THE TIME SERVICE WAS RENDERED	EDIT
121	PROCEDURE CODE NON COVERED FOR BILLING PROVIDER FOR DATE OF SERVICE. PLEASE CHECK THE PROCEDURE CODE AND/OR THE PROVIDER NUMBER YOU SUBMITTED. CORRECT, IF NECESSARY, AND RESUBMIT.	EDIT
122	CLAIM PENDED FOR PRICING	EDIT
123	INJECTIONS COVERED ONLY IF ORAL MEDICATION IS NOT EFFECTIVE; RESUBMIT WITH DOCUMENTATION.	INFO
124	LABORATORY PROCEDURE CODE NOT COVERED ON DATE(S) OF SERVICE BILLED IN THE OUTPATIENT HOSPITAL SETTING.	EDIT
125	VISION ONLY - IMMUNIZATION ACTIVITY CANNOT BE CHECKED	EDIT
126	DATE OF SERVICE SPANS PRICING EFFECTIVE DATES-SPLIT BILL BY MONTH	EDIT
127	PATHOLOGY REPORT REQUIRED WHEN BILLING BIOPSY OF ORAL TISSUE PLEASE ATTACH COPY OF PATHOLOGY REPORT AND RESUBMIT.	EDIT
128	MEDICAL RECORDS SHOW SERVICE WAS NOT PERFORMED BY BILLING PROVIDER.	INFO
129	THIS CLAIM HAS BEEN DENIED BECAUSE THE DATES OF SERVICE BILLED SPAN THE RATES INDICATED ON THE PROVIDER'S RATE FILE.	EDIT
131	FORM DMA-311 (7/81) FOR NECESSITY FOR ABORTION IS INVALID, MISSING OR NOT COMPLETED CORRECTLY. RESUB- MIT WITH CORRECTED DMA-311 (7/81).	AUDIT
132	PROVIDER NOT ENROLLED IN THE GEORGIA MEDICAID PROGRAM FOR THE DATE(S) OF SERVICE AND/OR SUSPENDED FOR CAUSE OR	EDIT

EOB NUM	MESSAGE	EDIT/AUD IND
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	INACTIVITY. CALL EDS PROVIDER ENROLLMENT AT 1-800-766-4456.	
133	PROCEDURE IS NON COVERED FOR THIS CLAIM.	EDIT
134	LINE CHANGED BY CONSULTANT PEER REVIEW.	AUDIT
135	SERVICE DENIED BECAUSE DOCUMENTATION IN MEDICAL RECORD PROVIDED IS INSUFFICIENT TO JUSTIFY SERVICES BILLED.	AUDIT
136	SPINAL/REGIONAL ANESTHESIA MUST BE BILLED USING PROCEDURE CODES 62278 OR 62279. RESUBMIT WITH APPROPRIATE CODE.	AUDIT
137	VISIT IS INCLUDED WITH NEWBORN CARE PROCEDURE CODE 90225 DO NOT RESUBMIT.	EDIT
138	PELVIC EXAMS ARE CONSIDERED PART OF THE EVALUATION AND MANAGEMENT SERVICE. DO NOT RESUBMIT.	AUDIT
139	CIRCUMSTANCES OF EMERGENCY ABDOMINAL SURGERY ARE NOT DESCRIBED IN DOCUMENTATION OR ILLEGIBLE.	AUDIT
140	THE ADDRESS OF THE PERSON OBTAINING THE CONSENT IS BLANK, ILLEGIBLE, OR IS INCOMPLETE. COMPLETE AND RESUBMIT.	EDIT
141	PHYSICIAN SIGNATURE AND/OR DATE IS BLANK, ILLEGIBLE, INCOMPLETE OR INVALID.	INFO
142	CLAIM DENIED - RECIPIENT SIGNATURE AND/OR DATE IS BLANK OR INVALID AND MAY NOT BE CORRECTED - DO NOT RESUBMIT.	AUDIT
143	A HYSTERECTOMY PERFORMED FOR STERILIZATION PURPOSES IS NON COVERED.	AUDIT
144	CLAIM DENIED - RECIPIENT SIGNATURE OR DATE ON CONSENT FORM MAY NOT BE CHANGED OR ADDED TO CONSENT FORM AFTER FIRST SUBMITTAL - DO NOT RESUBMIT.	EDIT
147	CLAIM IS IN CONFLICT WITH POLICY MANUAL CHAPTER 601.1 REGARDING SALARIED EMPLOYEE.	AUDIT
148	SURGEON AND ASSISTANT SURGEON MUST BILL UNDER THEIR OWN PROVIDER NUMBERS ON SEPARATE CLAIMS.	EDIT
149	PRIOR AUTHORIZATION REQUIRED	EDIT
150	CROSSOVER CLAIM REQUIRED. RESUBMIT AN APPROPRIATE CROSS	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	OVER CLAIM.	
151	SERVICE DATE SHOULD APPEAR AS MONTH DAY YEAR (MMDDYY) . PLEASE CORRECT THE DATE OF SERVICE AND RESUBMIT.	EDIT
152	THE SERVICE THROUGH DATE IS MISSING OR HAS AN INVALID FORMAT	EDIT
153	THE SERVICE THRU DATE IS LESS THAN THE SERVICE FROM DATE	EDIT
154	THE DATE RECEIVED IS PRIOR TO THE DATE OF SERVICE BILLED. PLEASE CHECK THE DATE OF SERVICE; CORRECT IF NECESSARY AND REBILL.	EDIT
155	CLAIM DATE OF SERVICE IS BEFORE RECIPIENT'S DATE OF BIRTH ON FILE, CORRECT OR SUBMIT WITH PROOF OF DATE OF BIRTH.	EDIT
156	CLAIM SPANS 2 CALENDAR YEARS. PLEASE FILE A SEPARATE CLAIM FOR SERVICES RENDERED AFTER JANUARY 1 OR CORRECT THE DATE OF SERVICE AND REBILL.	EDIT
157	CLAIM SPANS 2 STATE FISCAL YEARS. PLEASE REBILL WITH SERVICE DATES AFTER JULY 1, ON SEPARATE CLAIM FORM.	EDIT
158	CLAIM DATE OF SERVICE SPANS MED NEEDY ELIGIBILTY; RESUBMIT WITH SPENDDOWN AUTHORIZATION FORM (DMA-400) ATTACHED	EDIT
159	CLAIM INDICATES MEDICALLY NEEDY RECIPIENT. CLAIM PENDED FOR REVIEW.	EDIT
160	RESUBMIT WITH COPY OF THE X-RAY REPORT.	AUDIT
161	RESUBMIT WITH MEDICAL HISTORY.	AUDIT
162	ADJUSTMENT REQUESTED. REFILE ON ADJUSTMENT FORM. SEE BILLING MANUAL FOR INSTRUCTIONS.	AUDIT
163	LINE DENIED BY CONSULTANT AND PEER REVIEW.	EDIT
164	LINE PAYMENT AMOUNT HAS BEEN REDUCED BY PEER REVIEW CONSULTANT FOR MULTIPLE SURGERY POLICY.	INFO
165	INCIDENTAL APPENDECTOMY IS NON COVERED AS A SEPARATE PROCEDURE.	EDIT
166	D AND C INCLUDED IN PROCEDURE CODE 57520 SUBMITTED ON	AUDIT

EOB NUM	MESSAGE	EDIT/AUD IND
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	THIS CLAIM.	
167	LYSIS OF ADHESIONS NON COVERED AS A SEPARATE PROCEDURE FOR THIS CLAIM.	EDIT
168	PROCEDURE INCIDENTAL TO MAJOR SURGERY. SEE PHYSICIANS POLICY MANUAL.	INFO
169	PROCEDURE IS INCLUDED IN OTHER CPT-4 PROCEDURE CODE BILLED FOR THE SAME DATE OF SERVICE.	INFO
170	RESUBMIT WITH HOSPITAL RECORDS.	EDIT
171	CLAIM IS BEING REPROCESSED INTERNALLY. DO NOT RESUBMIT.	INFO
172	RESUBMIT WITH OPERATIVE NOTES SIGNED BY PHYSCIAN.	EDIT
173	RESUBMIT WITH A COPY OF THE PATHOLOGY REPORT.	EDIT
174	ABORTION RELATED SERVICES ARE NON COVERED.	EDIT
175	DIAGNOSIS CODE DOES NOT AGREE WITH PROCEDURE DESCRIPTION.	AUDIT
176	SUPPLIES ARE INCIDENTAL TO PRACTICE AND ARE NON COVERED. DO NOT RESUBMIT.	EDIT
177	RESUBMIT WITH DPH/HIS(3)-57 FROM CHILDREN MEDICAL SERVICE	AUDIT
178	PROCEDURE IS INCLUDED IN PAYMENT FOR HYSTERECTOMY. DO NOT RESUBMIT.	AUDIT
179	INCORRECT BILLING FOR PSYCHIATRIC SERVICES. SEE PHYSICIANS POLICY MANUAL SECTION 903.16 FOR ASSISTANCE.	EDIT
180	RESUBMIT WITH OFFICE RECORDS FOR SERVICES FILED ON THIS LINE OR CLAIM.	AUDIT
181	DO NOT USE THE PREPRINTED PRIOR APPROVAL NUMBER ON THE DENTAL CLAIM. USE THE NUMBER STAMPED ON THE CLAIM.	INFO
182	BILLED CHARGES MISSING, INVALID OR ZERO AMOUNT	EDIT
183	OUTPATIENT PAYMENT GREATER THAN \$15000.00 - CLAIM PENDED FOR PAYMENT REVIEW.	EDIT
184	OPERATIVE REPORT DOES NOT REFLECT THIS PROCEDURE. RE-CODE	AUDIT

EOB NUM	MESSAGE	EDIT/AUD IND
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	CORRECTLY AND RESUBMIT.	
185	LABORATORY SUPPLIES ARE INCLUDED IN LABORATORY PROCEDURE CODE REIMBURSEMENT METHODOLOGY.	AUDIT
186	DENIED. DOCUMENTATION DOES NOT JUSTIFY INPATIENT ADMISSION.	AUDIT
187	RESUBMIT WITH OPERATING ROOM AND ANESTHESIA RECORDS.	INFO
188	RESUBMIT WITH DISCHARGE SUMMARY.	AUDIT
189	RESUBMIT WITH NURSING HOME OPERATIVE REPORT AND NURSING NOTES REGARDING THE PODIATRY EMERGENCY.	INFO
190	LINE DENIED AS MEDICAL RECORDS DO NOT REFLECT PROCEDURE.	AUDIT
191	X-RAYS ARE PAID PER EXTREMITY NOT BY VIEW.	AUDIT
192	RESUBMIT WITH O.B. RECORD AND INCLUDE EDC AND DATE FIRST SEEN FOR THIS PREGNANCY.	AUDIT
193	ELECTIVE ABORTION IS NON COVERED.	AUDIT
194	RESUBMIT WITH COPIES OF THE PATHOLOGY REPORT, OPERATING ROOM REPORT AND MEDICAL HISTORY REPORT.	AUDIT
195	ABORTION CERTIFICATION APPLIES ONLY TO THE MOTHERS LIFE AND PHYSICAL HEALTH.	AUDIT
196	MEDICALLY NECESSARY ABORTIONS ARE NON COVERED EFFECTIVE 3/15/81.	INFO
197	GEORGIA CONSENT OR CERTIFICATION FORM ILLEGIBLE, INVALID, INCOMPLETE OR MISSING.	EDIT
198	VOID DUE TO PROVIDER REQUEST	EDIT
199	DAILY MAXIMUM QUANTITY EXCEEDED. TO APPEAL SUBMIT ADJUSTMENT REQUEST FORM WITH COPY OF THE PRESCRIPTION ATTACHED.	EDIT
200	GENERAL ANESTHESIA IS NOT COVERED FOR PROCEDURE BILLED	INFO
201	ADMISSION DATE IS INVALID OR MISSING	EDIT
202	ADMISSION DATE IS AFTER BEGINNING DATE OF SERVICE	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
203	DATE SURGERY PERFORMED MISSING OR INVALID	EDIT
204	SURGERY DATE NOT WITHIN BILLED DATES OF SERVICE - CORRECT SURGERY DATE OR DATES OF SERVICE.	EDIT
205	SURGERY PROCEDURE CODE IS BLANK OR INVALID - VALID ICD-9- CM CODE REQUIRED	EDIT
206	ICD-9-CM SURGICAL PROCEDURE CODE REQUIRED WHEN BILLING FOR O/R SERVICES	EDIT
207	PATIENT STATUS CODE INVALID.	EDIT
208	COVERED DAY INVALID	EDIT
209	REVENUE CODE(S) IS INVALID/NOT ASSIGNED/MISSING.	EDIT
210	REVENUE UNIT(S) MISSING OR INVALID	EDIT
211	ONLY ONE SERVICE CODE Y0402, Y0400, Y0401, Y0403, Y0404, Y0405, OR Y0410 ALLOWED PER DATE OF SERVICE	EDIT
212	NDC NOT COVERED FOR RECIPIENT'S SEX	INFO
213	DRUG QUANTITY LESS THAN MINIMUM AMOUNT ALLOWED. RESUBMIT CLAIM WITH A COPY OF PRESCRIPTION.	EDIT
214	SUM OF ACCOMODATION DAYS ARE NOT EQUAL TO TOTAL DAYS.	EDIT
215	PROVIDER SIGNATURE REQUIRED ON REJECT RESUBMITTAL TURNAROUND DOCUMENT.	INFO
216	SUBMITTED PROOF OF ELIGIBILITY IS UNDER INVESTIGATION BY DFCS AT DMA'S REQUEST. PLEASE RESUBMIT SIXTY (60) DAYS FROM THE ABOVE (REMITTANCE ADVICE) ISSUE DATE.	INFO
217	RECIPIENT HAS ELECTED TO RECEIVE HOSPICE SERVICE. HOSPICE RELATED SERVICES MUST BE BILLED TO THE HOSPICE.	EDIT
218	OUTPATIENT REVENUE CODE NON-COVERED	AUDIT
219	OUTPATIENT - NO BILLED CHARGES	AUDIT
220	LINE DENIED. NO CHARGES BILLED.	AUDIT
221	BILLING UNIT MUST BE 1 (EACH) - CLAIM DOES NOT MATCH DRUG	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	FILE	
222	BILLING UNIT MUST BE 3 (GRAMS) - CLAIM DOES NOT MATCH DRUG FILE	INFO
223	INJECTABLE DRUG PROCEDURE IS MISSING OR INVALID	EDIT
224	A SEALANT PROCEDURE CANNOT BE PERFORMED ON THIS TOOTH	EDIT
225	CLAIM PENDED FOR PRICING REVIEW	EDIT
226	TOOTH NUMBER IS INVALID FOR PROCEDURE BILLED	EDIT
227	ONLY QMB RECIPIENTS ARE ELIGIBLE FOR SPEECH THERAPY, PHYSICAL THERAPY, REHABILITATION OR CHIROPRACTIC SERVICES.	EDIT
228	QMB RECIPIENTS ARE ELIGIBLE FOR MEDICARE CROSSOVERS ONLY WHEN MEDICARE COVERS THE SERVICE(S) RENDERED.	EDIT
229	NURSING HOME EDIT	AUDIT
230	ADJUSTMENT RESULTING FROM A CHANGE TO DOLLAR AMOUNT OR UNITS OF SERVICE ON THE ORIGINAL CLAIM.	INFO
231	ADJUSTMENT RESULTING FROM OVERPAYMENT -- PATIENT INELIGIBLE FOR DOS.	INFO
232	OUTLIER REPROCESSED FOR SYSTEM CORRECTION.	INFO
233	ADJUSTMENT DENIED	EDIT
234	ADJUSTMENT RESULTING FROM MASS ADJUSTMENT REQUEST	INFO
235	ADJUSTMENT RESULTING FROM A CHANGE IN THE NDC NUMBER.	EDIT
236	TO FACILITATE PROCESSING, THIS CLAIM HAS BEEN RECOUPED. IT WILL BE REPROCESSED FOR PAYMENT ON A FUTURE REMITTANCE.	EDIT
237	INVALID DIAGNOSIS FOR PROCEDURE CODE BILLED	EDIT
238	ADJUSTMENT RESULTING FROM A CHANGE IN THE TYPE OF SERVICE.	EDIT
239	ADJUSTMENT RESULTING FROM A CHANGE IN THE PROCEDURE CODE.	EDIT
240	ADJUSTMENT RESULTING FROM A CHANGE IN THE PLACE SERVICE.	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
241	CLAIM IS PENDING FOR REVIEW DUE TO ATTACHMENT(S)	EDIT
242	MINIMUM OF 8 UNITS MUST BE BILLED WITH REVENUE CODE 652	EDIT
243	PAYMENT REDUCED; DIAGNOSIS IS NOT CONSIDERED A MEDICAL EMERGENCY	EDIT
244	TOTAL OF REPAIR IS GREATER THAN PURCHASE PRICE OF ITEM	EDIT
245	TOTAL CHARGES OF REPAIR ITEMS CANNOT EXCEED \$200 WITHOUT PRIOR APPROVAL	EDIT
246	LINE CHARGE FOR PURCHASE CANNOT EXCEED \$200 WITHOUT PRIOR APPROVAL	EDIT
247	SUPPLIES MUST BE BILLED MONTHLY NOT TO EXCEED 31 DAYS	EDIT
248	THIS ADJUSTMENT IS A RESULT OF AN OUTLIER REQUEST.	EDIT
249	REVENUE UNITS ARE GREATER THAN COVERED DAYS	EDIT
250	AN ADJUSTMENT RESULTING FROM INCORRECT DATES OF SERVICE	INFO
251	CORRECTED PAYMENT PER ADJUSTMENT REQUEST. SEE FINANCIAL ITEMS FOR RECOUP OF INCORRECT PAYMENT.	INFO
252	ADJUSTED TO MAXIMUM ALLOWABLE NOT EXCEEDING THE USUAL CUSTOMARY CHARGE ORIGINALLY BILLED.	AUDIT
253	DATE OF SERVICE EXCEEDS TIME LIMIT.	EDIT
254	REVENUE CODE IS NOT COVERED FOR RECIPIENT'S SEX	EDIT
255	RECOUPMENT OF PAYMENT WHICH BELONGS TO ANOTHER PROVIDER.	EDIT
256	RECOUPMENT OF PAYMENT MADE FOR WRONG RECIPIENT. PLEASE RE- SUBMIT YOUR CLAIM.	EDIT
257	RECOUPMENT OF PAYMENT MADE FOR WRONG RECIPIENT. YOUR CLAIM IS BEING REPROCESSED.	EDIT
258	THIS CLAIM HAS BEEN VOIDED DUE TO A DUPLICATE PAYMENT	AUDIT
259	REPAYMENT PORTION OF THIS ADJUSTMENT HAS BEEN DENIED.	AUDIT
260	RECIPIENT HAS ELECTED TO RECEIVE HOSPICE SERVICES. HOSPICE	EDIT

EOB NUM	MESSAGE	EDIT/AUD IND
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	RELATED SERVICES MUST BE BILLED TO THE HOSPICE.	
261	NO ANESTHESIA HOURS AND/OR MINUTES BILLED	EDIT
262	PROVIDER CATEGORY OF SERVICE INAPPROPRIATE FOR CROSSOVER BILLING	EDIT
263	ANESTHESIA-INVALID SPECIAL CONDITIONS	EDIT
264	ANESTHESIA MUST BE BILLED ON CLAIM TYPE 08	EDIT
265	ANESTHESIA NOT VALID FOR BILLED CATEGORY OF SERVICE/PROVIDER	EDIT
266	ANESTHESIA ON DOCUMENT WITHOUT SURGERY ON SAME DATE OF SERVICE.	EDIT
267	THE HCFA 2 DIGIT PLACE OF SERVICE CODE MUST BE USED WHEN BILLING GA. MEDICAID. PLEASE CORRECT THE PLACE OF SERVICE CODE AND REBILL.	EDIT
268	ADJUSTMENT REASON CODE - NET EFFECT	EDIT
270	NO OTHER INSURANCE INDICATED	AUDIT
272	MEDICAID ALLOWED AMOUNT REDUCED BY OTHER INSURANCE AMOUNT.	AUDIT
273	PAYMENT REFLECTS REDUCTION TO MAXIMUM ALLOWED UNITS FOR PROCEDURE	AUDIT
274	UNITS AND PAYMENTS CUTBACK TO AVAILABLE PRIOR APPROVED UNITS	EDIT
275	SERVICE LIMIT EXCEEDED. UNITS AND/OR PAYMENT CUTBACK TO ALLOWED UNITS AND/OR PAYMENTS	AUDIT
277	FEE ADJUSTED TO MAXIMUM ALLOWABLE	AUDIT
278	MEDICARE DEDUCTIBLE REDUCED TO MAXIMUM DEDUCTIBLE AMOUNT	EDIT
279	CLAIM INDICATES INSUFFICIENT COLLECTION FOR MULTIPLE INSURANCE POLICIES - FILE FIRST WITH ALL CARRIERS OR RESUBMIT WITH INSURANCE EOB(S) OR DENIAL(S) ATTACHED.	EDIT
280	CLAIM SPANS A RECIPIENT HOSPICE SEGMENT. REBILL FOR NON- HOSPICE PERIOD OR ATTACH A COPY OF THE HOSPICE REFERRAL FORM.	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
281	TRANSPORTATION-UNITS/MILES NOT VALID	EDIT
282	AMBULANCE-CONDITION CODE INVALID	EDIT
283	NON-EMERGENCY TRANSPORTATION SERVICE CODE IS INVALID	EDIT
284	AMBULANCE MILEAGE EXCEEDING 150 MILES PER ONE WAY TRIP REQUIRES PRIOR APPROVAL	EDIT
285	PROCEDURE CODES DESCRIBED IN THE CPT-4 AS UNLISTED CAN NOT BE USED TO BILL GA. MEDICAID. PLEASE SELECT THE MOST APPROPRIATE SPECIFIC PROCEDURE CODE AND REBILL CLAIM.	EDIT
286	WAIT TIME CAN ONLY BE BILLED FOR A DATE OF SERVICE WITH A ROUND TRIP	EDIT
287	SERVICE CODE Y0407 IS NOT ALLOWED WITHOUT CODE Y0414, Y0408, OR A0140	EDIT
288	MANUFACTURER ENROLLED FOR DRUG REBATE PROGRAM	EDIT
289	Y0412 ONLY ALLOWED WITH Y0400 - Y0407, Y0415, Y0444, OR Y0416 FOR SAME DATE OF SERVICE. Y0412 MILEAGE CANNOT EXCEED PRIMARY CODE MILEAGE.	EDIT
290	PATHOLOGY REPORT REQUIRED WHEN BILLING FOR SIMPLE SUTURING	EDIT
291	PAYMENT REDUCED DUE TO MEDICALLY NEEDY SPENDDOWN	AUDIT
292	PAYMENT REDUCED DUE TO PATIENT LIABILITY	AUDIT
293	PAYMENT BASED ON PROVIDER CAP RATE	AUDIT
294	CLAIM VOIDED DUE TO AN ADJUSTMENT	AUDIT
295	PAYMENT REFLECTS REDUCTION DUE TO NONCOVERED REVENUE CODE	AUDIT
296	CLAIM PROCESSED AS AN INITIAL OR INTERIM BILL	AUDIT
297	PROCEDURE NOT A VALID LEAD SCREENING PROCEDURE CODE	EDIT
298	MEDICAID ALLOWED AMOUNT PAID IN FULL BY OTHER INSURANCE.	AUDIT
299	NO VALID HOSPICE AGREEMENT ON FILE FOR RECIPIENT BILLED.	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
300	BENEFITS RECOVERY SECTION TRANSACTION.	AUDIT
301	ADJUSTMENT RESULTING FROM A CHANGE IN PATIENT'S LEVEL OF CARE.	AUDIT
302	ADJUSTMENT RESULTING FROM A CHANGE IN PATIENT'S STATUS.	AUDIT
303	THIS CLAIM IS AN ADJUSTMENT RESULTING FROM A CHANGE IN PATIENT LIABILITY.	AUDIT
304	RECIPIENT NEVER APPROVED FOR MODEL WAIVER SERVICE	AUDIT
305	ADJUSTMENT RESULTING FROM A CHANGE IN PATIENT THIRD PARTY LIABILITY	AUDIT
306	AN ADJUSTMENT FOR A CHANGE IN PATIENT'S DAYS.	AUDIT
307	ADJUSTMENT RESULTING FROM OVERPAYMENT -- PATIENT EXPIRED.	AUDIT
308	ADJUSTMENT RESULTING FROM OVERPAYMENT -- PATIENT DISCHARGED.	AUDIT
309	ADJUSTMENT RESULTING FROM A CHANGE IN PATIENT ADMIT FROM CODE.	AUDIT
310	INVALID TOOTH CODE	EDIT
311	INVALID SURFACE CODE	EDIT
313	THIS DENTAL PROCEDURE REQUIRES SURFACE CODES	EDIT
314	TOOTH CODE IS REQUIRED FOR THIS DENTAL PROCEDURE	EDIT
315	INVALID BILLING FREQUENCY FOR OUTPATIENT CLAIM	EDIT
316	QUANTITY DISPENSED IS EXCESSIVE / OR EXCEEDS MONTHLY SUPPLY.	EDIT
317	SUBMITTED CHARGE IS EXCESSIVE FOR QUANTITY BILLED.	EDIT
318	CLAIM DENIED BY PEER REVIEW.	AUDIT
319	INVALID BILLING FREQUENCY FOR INPATIENT HOSPITAL.	EDIT
320	CLAIM IN PROCESS - PENDING BLUEBOOK UPDATE	EDIT
321	QUANTITY MUST BE NUMERIC AND GREATER THAN ZERO	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
322	HOSPICE CLAIM SPANS A RECIPIENT HOSPICE SEGMENT	EDIT
323	PRESCRIPTION NUMBER MISSING	EDIT
324	REVENUE CODE UNITS ARE GREATER THAN COVERED DATES.	EDIT
325	PERSONAL SIGNATURE OF PHYSICIAN REQUIRED. NO OTHER SIGNATURE OR STAMP ACCEPTABLE.	AUDIT
326	DRUG COST EXCEEDS REVIEW THRESHOLD	EDIT
327	DENIED - MED/SURG SERVICES NOT COVERED IF PERFORMED BY OTHER THAN THE ENROLLED BILLING PHYSICIAN. SEE POLICY MANUAL 903.2	AUDIT
328	DENIED - SIGNATURE OF PERSON OBTAINING CONSENT BLANK OR INCOMPLETE -- MAY NOT BE CORRECTED	AUDIT
329	DATE OF PERSON OBTAINING CONSENT IS ILLEGIBLE. RESUBMIT LEGIBLE COPY.	AUDIT
330	DENIED - DATE OF PERSON OBTAINING CONSENT BLANK OR INVALID-- MAY NOT BE CORRECTED.	EDIT
331	DATE OF RECIPIENT SIGNATURE IS ILLEGIBLE. RESUBMIT LEGIBLE COPY.	EDIT
332	FOR Y3005, THE DOS CANNOT EXCEED 14 DAYS ON ONE LINE	EDIT
333	NONEMERGENCY AMBULANCE NOT COVERED FOR DIAGNOSIS.	EDIT
334	TYPE OF BILL INVALID FOR HOSPICE CARE.	EDIT
335	INPATIENT RESPITE CARE NOT COVERED FOR NURSING HOME RESIDENT.	EDIT
336	UNITS BILLED INVALID FOR A RENTAL CODE.	EDIT
337	PSYCHOLOGY SERVICES NOT COVERED FOR RECIPIENTS 21 YEARS OF AGE OR OLDER	EDIT
338	RECIPIENT HAS ELECTED HOSPICE COVERAGE. CLAIM SPANS THE HOSPICE SEGMENT REBILL FOR DATES OUTSIDE THE HOSPICE COVERAGE OR ATTACH A COPY OF THE HOSPICE REFERRAL FORM.	EDIT
339	PROCEDURE NOT COVERED FOR RECIPIENT'S AGE	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
340	UNITS BILLED CANNOT BE GREATER THAN ONE	EDIT
341	CLAIM LIMITED TO ONE DATE OF SERVICE	EDIT
342	PROVIDER CANNOT BILL M00 CODES	EDIT
343	SURGICAL PROCEDURE CODE IS NOT ON THE HCFA OR DMA APPROVED LIST FOR ASC REIMBURSEMENT. PLEASE CHECK ASC SURGICAL PROCEDURE LIST.	EDIT
344	RESUBMIT WITH MANUFACTURER'S INVOICE FOR INTRAOCULAR LENS	EDIT
345	MILEAGE IS INCLUDED IN BASE RATE	EDIT
346	RESUBMIT TO: GEORGIA DEPARTMENT OF MEDICAL ASSISTANCE, PROVIDER ENROLLMENT, P.O. BOX 38460, ATLANTA, GEORGIA 30334	EDIT
347	RESUBMIT WITH EMERGENCY ROOM RECORDS	EDIT
348	CLAIM ADMISSION DATE DOES NOT AGREE WITH DOCUMENTED DATE OF ADMISSION	AUDIT
349	NEWBORN CHARGES PRIOR TO MOTHERS DISCHARGE MUST BE BILLED ON MOTHERS CLAIM	AUDIT
350	RESUBMIT WITH HISTORY AND PHYSICAL REPORTS	AUDIT
351	INCORRECT SCREEN RESULTS INDICATED FOR A HEARING SCREEN	EDIT
352	INCORRECT SCREEN RESULTS INDICATED FOR A COMBINATION VISION AND HEARING SCREENING	EDIT
353	AGE ON FILE DOES NOT MATCH SCREEN SEQUENCE ON CLAIM	EDIT
354	BILLING IS NOT IN COMPLIANCE WITH PROCEDURES APPROVED IN COMMISSIONERS LETTER DATED 062191. LINE DENIED DO NOT RESUBMIT.	EDIT
355	OCCURRENCE/VALUE CODE AND/OR DATES/VISITS ARE INVALID FOR PHYSICAL THERAPY	EDIT
356	PROCEDURE CODE IS NON COVERED FOR RECIPIENT'S AGE	EDIT
357	PROCEDURE LIMITED TO ONE TRIP PER LINE PER DATE OF SERVICE	EDIT
358	PSYCHIATRIC SERVICES ARE LIMITED TO SHORT TERM ACUTE CARE	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
359	CLAIM DATE OF SERVICE IS OUTSIDE THE HMO COVERAGE DATES FOR THIS RECIPIENT'S HMO LOCK-IN SEGMENT.	EDIT
360	PROFESSIONAL SERVICES NON-COVERED FOR PROVIDER LOCATION	EDIT
361	RETROACTIVE ADJUSTMENT SYSTEM GENERATED BY THE DMA DUE TO CHANGE IN PATIENT LIABILITY AMOUNT OR PATIENT STATUS.	AUDIT
362	OCCURRENCE/VALUE CODE AND/OR DATES/VISITS ARE INVALID FOR OCCUPATIONAL THERAPY	AUDIT
363	OCCURRENCE/VALUE CODE AND/OR DATES/VISITS ARE INVALID FOR SPEECH THERAPY	AUDIT
364	OCCURRENCE/VALUE CODE AND/OR DATES/VISITS ARE INVALID FOR PSYCHIATRIC SERVICES	EDIT
365	OCCURRENCE/VALUE CODE AND/OR DATES/VISITS ARE INVALID FOR THERAPY/PSYCHIATRIC SERVICES	AUDIT
366	VALUE CODE VISITS DO NOT CORRESPOND TO THE REVENUE CODE UNITS BILLED.	EDIT
367	BIRTHING CENTER NON-COVERED WHEN BILLED WITH LABOR/DELIVERY	EDIT
368	DAYS SUPPLY MUST BE GREATER THAN ZERO	EDIT
369	PRESCRIBING PRACTITIONERS LICENSE NUMBER IS BLANK OR INVALID	EDIT
370	PLEASE RESUBMIT WITH MEDICAL RECORDS, OPERATIVE NOTES, AND PATHOLOGY REPORT TO JUSTIFY SPONTANEOUS ABORTION AND OR FETAL DEMISE	EDIT
371	DENIED-PER-HCFA-NO PAYMENT MAY BE MADE FOR EKG IF IT IS PROVIDED DURING, AS A RESULT OF, OR IN CONJUNCTION WITH ANY VISIT OR CONSULT.	EDIT
373	DENIED-BUNDLED CODE FOR WHICH PAYMENT IS ALWAYS BUNDLED INTO PAYMENT FOR OTHER SERVICE.	EDIT
374	RECIPIENT SIGNATURE AND/OR DATE IS BLANK, ILLEGIBLE OR INVALID.	AUDIT
375	COSMETIC SURGERY IS NOT COVERED. TO JUSTIFY MEDICAL NECESSITY OF SURGERY PLEASE RESUBMIT WITH MEDICAL HISTORY	AUDIT

EOB NUM	MESSAGE	EDIT/AUD IND
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	AND OPERATIVE NOTES.	
377	REIMBURSEMENT ADJUSTED TO MAXIMUM ALLOWABLE	AUDIT
378	CLAIM PENDED FOR MEDICAL REVIEW	EDIT
379	DIALYSIS SERVICES MUST BE BILLED UNDER THE DIALYSIS PROGRAM FOR MAINTENANCE DIALYSIS	EDIT
380	PRIOR AUTHORIZATION REQUIRED FOR BENZODIAZEPINES	EDIT
381	PROCEDURE CODE NON-COVERED, RESUBMIT CLAIM USING 99431.	EDIT
382	CONDITION CODE IS INVALID FOR DIALYSIS SERVICES	EDIT
383	PATIENT STATUS IS INVALID FOR DIALYSIS SERVICE	EDIT
384	TYPE OF BILL IS INVALID FOR DIALYSIS SERVICES	EDIT
385	PROVIDER MEDICARE NUMBER NOT ON FILE OR IS INVALID	EDIT
386	NON EMERGENCY AMBULANCE LIMITED 150 MILES WITHOUT PRIOR APPROVAL	EDIT
387	THE DIALYSIS FACILITY MUST SUBMIT THE ESRD ENROLLMENT FORM. THE RECIPIENT HAS NOT BEEN ENROLLED FOR ESRD SERVICES BY THE DIALYSIS CLINIC.	EDIT
388	SERVICE BILLED IS INCLUDED IN MONTHLY DIALYSIS FEE	EDIT
389	TECHNICAL SERVICES NON-COVERED FOR PROVIDER LOCATION	EDIT
390	DIAGNOSIS CODE IS INVALID FOR DIALYSIS PROGRAM	EDIT
391	CLAIM DATES OF SERVICE ARE OUTSIDE DIALYSIS CERTIFICATION	EDIT
392	CLAIM PENDED FOR REVIEW	EDIT
393	MAINTENANCE DIALYSIS SERVICES MUST BE BILLED UNDER THE DIALYSIS PROGRAM	EDIT
394	CLAIM HAS BEEN PENDED FOR REVIEW	EDIT
395	MODIFIER BILLED IS NOT APPROPRIATE FOR PROCEDURE CODE, CORRECT AND RESUBMIT CLAIM.	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
396	REVENUE CODE IS INVALID FOR DIALYSIS PROGRAM	EDIT
397	PROCEDURE CODES RESTRICTED TO DIALYSIS PROGRAM	EDIT
398	PROCEDURE CODE BILLED IS NOT A VALID PROFESSIONAL SERVICE	EDIT
399	DRUG BILLED REQUIRES PRIOR APPROVAL	EDIT
400	PROCEDURE CODE CANNOT BE BILLED AFTER SIX MONTHS OF PROVIDER'S ENROLLMENT	EDIT
401	HOME HEALTH PRIOR AUTHORIZATION NOT ON FILE	EDIT
402	LTC STATUS CODE INVALID - SEE APPENDIX A OF BILLING MANUAL FOR VALID CODES	EDIT
403	RECIPIENT NOT ELIGIBLE FOR NURSING HOME COVERAGE FOR THE DATES OF SERVICE BILLED.	EDIT
404	PATIENT WAS AN SNF SWINGBED PATIENT FOR DOS BILLED. VISITS MUST BE BILLED IN CPT-4 RANGE 99301-99313.	EDIT
405	PRECERTIFICATION/PRIOR APPROVAL IS REQUIRED	EDIT
406	EMERGENCY SITUATION NOT DOCUMENTED/PERCERTIFICATION REQUIRED FOR NON-EMERGENCY SERVICES.	EDIT
407	RESUBMIT HARD COPY CLAIM WITH DOCUMENTATION OF EMERGENCY SITUATION	EDIT
408	DATES OF SERVICE SPAN MORE THAN ONE MONTH. BILL ONE MONTH PER LINE.	EDIT
409	NURSING HOME LEVEL OF CARE MUST BE 1, 2 OR 3	EDIT
410	LEVEL OF CARE DOES NOT MATCH RECIPIENT FILE	EDIT
411	OUR FILES INDICATE RECIPIENT IS ELIGIBLE FOR MEDICARE, EOMB'S SENT TO YOUR INTERMEDIARY FOR REPROCESSING.	AUDIT
412	RECIPIENT INELIGIBLE FOR NURSING HOME COVERAGE ON DATES OF SERVICE BILLED. REBILL ELIGIBLE DATE(S) ONLY OR PLEASE SEND PROVIDE INQUIRY FORM (DMA-520A) TO EDS WITH APPROVED DMA-59 ATTACHED. SEE THE BILLING MANUAL FOR INSTRUCTIONS FOR SUBMITTING THE INQUIRY FORM.	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
413	RECIPIENT ELIGIBLE FOR MEDICAID COVERAGE ON THE DATES OF SERVICE BILLED, BUT APPROVED DMA-59 INITIAL NOT RECEIVED FOR THE PROVIDER NUMBER INDICATED ON THE CLAIM.	EDIT
414	RECIPIENT DELETED FROM NURSING HOME MASTER FILE AT PROVIDER'S REQUEST.	EDIT
415	ESCORT BILLED WITH MINIVAN MUST BE FOR SAME DATE OF SERVICE	EDIT
417	SERVICE DENIED; NOT PRIOR AUTHORIZED, NON-EMERGENCY/LIFE ENDANGERING OR TREATMENT DELAY NON-HEALTH ENDANGERMENT.	EDIT
418	SERVICE DENIED; DME, NET OR PHARMACY NOT COVERED UNDER MEDICAID/MEDICARE CROSSOVERS.	AUDIT
419	MULTIPLE DATES OF SERVICE CANNOT BE BILLED ON ONE LINE FOR PROCEDURE CODES Y0415 AND Y0444.	AUDIT
420	FDOS AND TDOS MUST EQUAL THE LAST DAY OF THE MONTH	EDIT
422	NET MILEAGE GREATER THAN 350, RESUBMIT CLAIM WITH TRIP SHEET	EDIT
423	BILLING PROVIDER IS NOT CERTIFIED FOR THE RECIPIENT BILLED	AUDIT
424	INVALID SWING BED TYPE OF BILL	EDIT
425	INVALID SWING BED REVENUE CODE BILLED	EDIT
426	CHARGE DISALLOWED BY MEDICARE - REFER TO REOMB	EDIT
427	INVALID MEDICARE CHARGE - RESUBMIT WITH EOMB ATTACHED	EDIT
428	FOR PROCEDURE CODES Y0415, Y0444, AND Y0416, NUMBER OF PASSENGERS MUST BE GREATER THAN ZERO.	EDIT
429	MULTIPLE DATES OF SERVICE CANNOT BE BILLED ON ONE LINE FOR MINIBUS SERVICE OR PROCEDURE BILLED.	EDIT
430	MEDICARE PAID ALLOWED AMOUNT	EDIT
431	PROCEDURE CODE X9158 ALLOWED SIX PER CALENDAR MONTH	AUDIT
432	MAXIMUM ALLOWED AMOUNT PAID BY CO-INSURANCE	EDIT
433	NO PAYMENT DUE FROM MEDICAID	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
434	DIAGNOSIS CODE BILLED IS NOT VALID FOR THE DATE OF SERVICE	EDIT
435	MINIBUS ONE WAY MILEAGE MUST BE ONE TO FOURTEEN MILES WHEN BILLED AS PROCEDURE Y0415	EDIT
436	PROCEDURE NOT ALLOWED FOR LESS THAN 15 MILES	EDIT
437	RESUBMIT WITH JUSTIFICATION TO SUPPORT CONSULTANT CHARGES	AUDIT
438	PROCEDURE CODE BILLED IS NOT COVERED FOR THE PROGRAM IN WHICH THE PROVIDER NUMBER BILLED IS ENROLLED. PLEASE CHECK THE PROVIDER NUMBER AND THE PROCEDURE CODE; CORRECT AND RESUBMIT	EDIT
439	CLAIM NOT VALID FOR REHABILITATION SERVICES	EDIT
440	PAYMENT DENIED; DOCUMENTATION DOES NOT REFLECT SERVICES BILLED	AUDIT
441	DENIED, REFERRAL FROM PRIMARY PROVIDER IS REQUIRED.	AUDIT
442	VALID PROCEDURE CODE MUST BE BILLED WITH PHYSICIAN SERVICES	EDIT
443	HOSPICE CONSULTANT CHARGES PENDED TO DMA FOR REVIEW	EDIT
444	PROCEDURE NOT ALLOWED ON CLAIM WITH CASE MANAGEMENT SERVICES	EDIT
445	EPSDT SERVICES NON-COVERED FOR RECIPIENTS AGE 21 AND OLDER	EDIT
446	PROCEDURE CODE NON-COVERED FOR AMBULATORY SURGICAL CENTER	EDIT
447	PROCEDURE CODE NON-COVERED FOR BIRTHING CENTER	EDIT
448	REIMBURSEMENT AMOUNT REDUCED TO MAXIMUM ALLOWABLE	AUDIT
449	CLAIM ADJUSTED TO CORRECT NUMBER OF PASSENGERS.	AUDIT
450	CLAIM UNITS HAVE EXCEEDED THE PRIOR AUTHORIZED NUMBER OF UNITS	EDIT
451	PRIOR APPROVAL NUMBER MISSING OR INVALID	EDIT
452	PRIOR APPROVAL NUMBER BILLED IS NOT ON ACTIVE PRIOR APPROVAL FILE	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
453	CLAIM PROVIDER NUMBER DOES NOT MATCH THE PRIOR APPROVED PROVIDER NUMBER	EDIT
454	CLAIM RECIPIENT NUMBER DOES NOT MATCH PRIOR APPROVED RECIPIENT NUMBER	EDIT
455	CLAIM PROCEDURE CODE DOES NOT MATCH PRIOR APPROVED PROCEDURE CODE	EDIT
456	CLAIM DATES OF SERVICE ARE NOT WITHIN PRIOR APPROVED EFFECTIVE DATES.	EDIT
457	CLAIM AMOUNT HAS EXCEEDED THE PRIOR APPROVED AMOUNT	EDIT
458	CLAIM UNITS HAVE EXCEEDED THE PRIOR AUTHORIZED NUMBER OF UNITS	EDIT
459	CLAIM AMOUNT HAS EXCEEDED THE PRIOR APPROVED AMOUNT	EDIT
460	PRIOR APPROVAL REQUIRED AFTER 2 MONTHS RENTAL.	EDIT
461	CLAIM CATEGORY OF SERVICE AND TYPE OF SERVICE MUST CORRESPOND TO PA FILE CATEGORY OF SERVICE AND TYPE OF SERVICE.	EDIT
462	PRIOR AUTHORIZATION/PRECERTIFICATION REQUIRED FOR HYPERBARIC OXYGEN THERAPY.	EDIT
463	PROCEDURE NOT ALLOWED WITH DIALYSIS DIAGNOSIS	EDIT
464	PROVIDER MUST BE ENROLLED FOR COS 07 SPECIALTY 79 TO FILE FOR MEDICARE CROSSOVER CLAIMS-PLCCS RESUBMIT CLAIM ON CLAIM TYPE 19 AFTER ENROLLMENT.	EDIT
465	CLAIM PENDED TO DMA FOR REVIEW	EDIT
466	PROCEDURES NOT ALLOWED ON CLAIM WITH MODEL WAIVER/INDEPENDENT CARE SERVICES	EDIT
467	ONLY WAIVERED SERVICES NURSING PROCEDURE CODES ALLOWED	EDIT
468	CLAIM PENDED FOR REVIEW. PLEASE DO NOT RESUBMIT	EDIT
469	MINIBUS ONE WAY MILEAGE MUST BE ONE TO TEN MILES WHEN BILLED AS PROCEDURE Y0445 OR Y0415	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
470	PROCEDURE NOT ALLOWED FOR LESS THAN ELEVEN MILES	EDIT
471	COVERED DAYS INVALID	EDIT
472	CLAIM DENIED DUE TO EXISTENCE OF ACCIDENT-RELATED THIRD PARTY RESOURCE. CONTACT DMA/TPL AT (404) 656-2576 FOR FILING PROCEDURES.	EDIT
473	PRIOR APPROVAL REQUEST FOR THIS CLAIM HAS BEEN DENIED/ PENDED/ REJECTED	EDIT
474	THIS PROCEDURE NOT ALLOWED ON CLAIM WITH PREGNANCY RELATED SERVICES	EDIT
475	PATIENT STATUS CODE Z IS NOT VALID FOR EMC NURSING HOME CLAIMS	AUDIT
476	PRIOR APPROVAL REQUEST FOR THIS PROCEDURE HAS BEEN DENIED	EDIT
477	TOOTH NUMBER BILLED DOES NOT MATCH THE PRIOR APPROVED TOOTH NUMBER	EDIT
478	THIS CLAIM HAS BEEN ADJUSTED AT THE REQUEST OF THE DEPARTMENT OF MEDICAL ASSISTANCE.	EDIT
479	THIS ADJUSTMENT HAS BEEN DENIED AND THE ORIGINAL CLAIM HAS BEEN VOIDED. PLEASE RESUBMIT AS A NEW CLAIM.	AUDIT
480	ADJUSTMENT RESULTING FROM A CHANGE IN DIAGNOSIS CODE.	AUDIT
481	CONTROL FILE DOES NOT HAVE VALID PRICE FOR DOS FOR NET	EDIT
483	PROCEDURE 95880 LIMITED TO ONE PER CALENDAR YEAR	AUDIT
484	PROCEDURE CODE IS RESTRICTED TO CLIA CERTIFICATE OF REGISTRATION, PLEASE RESUBMIT WITH THE APPROPRIATE PROCEDURE OR WITH A COPY OF THE CERTIFICATE OF REGISTRATION, REGULAR CERTIFICATE OR CERTIFICATE OF ACCREDITATION.	EDIT
485	PROCEDURE CODE IS RESTRICTED TO CLIA CERTIFICATION OF WAIVER, CERTIFICATION OF REGISTRATION, REGULAR CERTIFICATE, OR CERTIFICATE OF ACCREDITATION. PLEASE RESUBMIT USING THE APPROPRIATE 80000 SERIES PROCEDURE OR WITH A COPY OF THE APPROPRIATE CERTIFICATION.	EDIT
486	NO CLIA CERTIFICATION ON FILE OR THE CERTIFICATE DATES DO	EDIT

EOB NUM	MESSAGE	EDIT/AUD IND
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	NOT COVER THE FROM DATE OF SERVICE. PLEASE RESUBMIT WITH A COPY OF THE APPROPRIATE CERTIFICATION.	
487	PROCEDURE CODE IS RESTRICTED TO CLIA CERTIFICATION OF WAIVER OR A PHYSICIAN PERFORMED MICROSCOPY PROCEDURES (PPMP) CLIA CERTIFICATION. PLEASE RESUBMIT USING THE APPROPRIATE 80000 OR Q0000 SERIES PROCEDURE CODES OR WITH A COPY OF THE CERTIFICATE OF WAIVER, OR (PPMP) CLIA CERTIFICATION.	EDIT
488	MENTAL HEALTH PROCEDURE NON-COVERED FOR RECIPIENT'S AGE	EDIT
489	RECIPIENT NOT ON LOCK-IN FOR PROVIDER AND Y4150	EDIT
490	PAYMENT REFLECTS REDUCTION DUE TO PATIENT LIABILITY	AUDIT
491	FILE FIRST WITH RECIPIENT THIRD PARTY RESOURCES - REFER TO CARRIER DATA PAGE FOR INSURANCE INFORMATION.	EDIT
492	FILE FIRST WITH RECIPIENTS THIRD PARTY RESOURCE - REFER TO CARRIER DATA PAGE FOR INSURANCE INFORMATION.	EDIT
493	CLAIM RECORD INDICATES OTHER INSURANCE AVAILABLE - FILE FIRST WITH INSURANCE CARRIER OR SUBMIT PAPER CLAIM WITH CARRIER INFORMATION.	AUDIT
494	AN ADJUSTMENT FORM IS REQUIRED IF YOU WANT MEDICAID TO RECONSIDER A PREVIOUSLY PAID CLAIM; DO NOT INDICATE A MEDICAID PAYMENT IN THE PRIOR PAYMENT FIELD.	AUDIT
495	CLAIM INDICATES OTHER INSURANCE AVAILABLE. FILE FIRST WITH INSURANCE CARRIER.	EDIT
496	CLAIM RECORD INDICATES OTHER INSURANCE AVAILABLE. SUBMIT PAPER CLAIM WITH TPL CARRIER INFORMATION.	EDIT
497	CLAIM PENDED FOR TPL TRAUMA REVIEW	EDIT
498	THE THIRD PARTY EOB DOES NOT MATCH THE DATES OF SERVICE, PAYMENT AMOUNT, PATIENT NAME OR OTHER DATA ON YOUR CLAIM. RESUBMIT WITH CORRECT TPL EOB OR CORRECTED CLAIM.	AUDIT
499	REIMBURSEMENT FOR PAIN MANAGEMENT IS AVAILABLE ONLY WHEN MEDICALLY NECESSARY FOR INTRACTABLE PAIN , I.E. ADVANCED CANCER.	AUDIT
500	CLAIM HAS BEEN TRANSFERRED BACK TO PROVIDER FOR	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	FURTHER EVALUATION	
501	PAYMENT FROM THE THIRD PARTY MUST BE ENTERED IN THE APPROPRIATE FIELD ON THE CLAIM FORM. THEN RESUBMIT TO EDS FOR PROCESSING.	AUDIT
502	COINSURANCE AMOUNT CUTBACK TO NUMBER OF COVERED DAYS GIVEN ON CLAIM	AUDIT
503	PAYMENT DENIED; PROVIDER HAD PREVIOUS KNOWLEDGE OF RECIPIENT'S ELIGIBILITY, UNKNOWN ELIGIBILITY ATTACHMENT INAPPROPRIATE.	AUDIT
504	PRECERTIFICATION NUMBER IS INVALID	EDIT
505	PRECERTIFICATION NUMBER IS NOT ON PRECERTIFICATION FILE	EDIT
506	CLAIM RECIPIENT DOES NOT MATCH PRECERTIFICATION RECIPIENT NUMBER	EDIT
507	CLAIM PROCEDURE DOES NOT MATCH THE PRECERTIFIED PROCEDURE CODE	EDIT
508	PROCEDURE BILLED HAS BEEN PRECERTIFIED FOR OUTPATIENT SERVICE ONLY	EDIT
509	CLAIM DATES OF SERVICE ARE NOT WITHIN PRECERTIFICATION EFFECTIVE DATES/PLEASE RESUBMIT USING THE PRECERTIFICATION NUMBER FOR THE DATES OF SERVICE BILLED.	EDIT
510	CLAIM UNITS HAVE EXCEEDED THE PRECERTIFIED NUMBER OF UNITS	EDIT
511	ONLY ONE SERVICE REQUIRING EITHER PRECERT OR PA NUMBER MAY BE BILLED ON ONE INVOICE. REBILL ON ANOTHER INVOICE WITH APPROPRIATE PRIOR APPROVAL NUMBER.	EDIT
512	SERVICES OTHER THAN ANESTHESIA FOR SURGERY OR LABOR & DELIVERY, MUST BE BILLED ON THE HCFA 1500 WITH T.O.S. 2.	AUDIT
513	Y3823 & Y3824 NOT REIMBURSABLE FOR SAME DOS	AUDIT
514	Y3825 REIMBURSABLE ONLY ONCE WITHOUT PRIOR APPROVAL	AUDIT
515	Y3823 REIMBURSABLE ONLY ONCE PER MONTH	AUDIT
516	Y3824 REIMBURSED ONCE PER WEEK	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
517	PHYSICIAN JUSTIFICATION STATEMENT INSUFFICIENT TO ALLOW EXCESS OF MONTHLY LIMIT.	EDIT
518	Y0035 OR D0130 CAN NOT BE BILLED WITH D0110	AUDIT
519	D0130 OR Y0035 REQUIRES PRIOR AUTHORIZATION AFTER SECOND VISIT	AUDIT
520	D0130 CAN NOT BE BILLED WITH Y0035	AUDIT
521	MEDICARE CROSSOVER CLAIMS MUST BE RECEIVED BY THE DEPARTMENT WITHIN 3 MONTHS OF THE MEDICARE EMOB DATE.	AUDIT
522	EMC PROVIDERS (ICN REGIONS 10 20) PATIENT STATUS CODE IS INVALID.	AUDIT
523	IN ORDER TO PAY DELIVERY CHARGE, STERILIZATION PROCEDURE IS BEING DENIED DUE TO ERRORS ON CONSENT FORM. RECHECK FORM AND CORRECT ERRORS AND RESUBMIT ON NEW CLAIM.	AUDIT
524	CONSENT FORM - ON THE PHYSICIANS STATEMENT THE RECIPIENT NAME/DATE OF OPERATION/STERILIZATION PROCEDURE; BLANK/ ILLEGIBLE/INVALID.	AUDIT
525	SUBMIT HYSTERECTOMY CLAIMS WITH COMPLETED DMA - 276 FORM.	EDIT
526	PROVIDER ON PREPAYMENT REVIEW	EDIT
527	SUBMIT WITH CONSENT FOR STERILIZATION (DMA - 69) IF PROCEDURE PERFORMED FOR PURPOSE OF STERILIZATION; OTHERWISE, SUBMIT MEDICAL RECORDS/OPERATIVE REPORT.	EDIT
528	CLAIM PENDED FOR PEER REVIEW	EDIT
529	CLAIM PENDED FOR REVIEW	EDIT
530	CLAIM IS PENDED FOR REVIEW BY THE DEPARTMENT OF MEDICAL ASSISTANCE.	EDIT
531	VIAGRA LIMITED TO 3 TABLETS PER MONTH PER RECIPIENT WITH PRIOR APPROVAL.	AUDIT
532	OUT-OF-STATE CLAIM PENDED FOR REVIEW	EDIT
533	ABORTION PROCEDURE PENDING FOR CERTIFICATION OF NECESSITY	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
534	DENIED, SERVICE INCLUDED IN REIMBURSEMENT FOR ANESTHESIA AND IS NOT SEPERATELY REIMBURSEABLE. SEE THE PHYSICIAN POLICY MANUAL SECTION 903. 1 FOR CLARIFICATION. DO NOT RESUBMIT.	EDIT
535	PROVIDER BILLING AS ASSISTANT MUST BILL SAME PROCEDURE CODE(S) AS PRIMARY SURGEON. RECODE AND RESUBMIT.	AUDIT
536	DAY TREATMENT FOR ADULTS YA302 LIMITED TO EXACTLY 100 HOURS PER MONTH	EDIT
537	DAY TREATMENT FOR ADULTS YB302 ALLOWS ONLY 80 TO 99 HOURS PER MONTH	EDIT
538	DAY TREATMENT FOR ADULTS YC302 ALLOWS ONLY 60 TO 79 HOURS PER MONTH	EDIT
539	DAY TREATMENT FOR ADULTS YD302 LIMITED TO 59 OR FEWER HOURS PER MONTH	EDIT
540	TOPICAL RETINOID DERIVATIVES REQUIRE PRIOR APPROVAL (PA) FOR ALL RECIPIENTS 21 YEARS OF AGE AND OLDER.	EDIT
541	D0120 ONLY ALLOWED ON UNIT WHEN D0110 HAS BEEN PAID FOR THE SAME CALENDAR YEAR BY THE SAME PROVIDER	AUDIT
542	SERVICE DATE IS MISSING/INVALID	EDIT
543	DUPLICATE SERVICE DATE	EDIT
544	PROCEDURE Y0705 LIMITED TO THREE VISITS PER CALENDAR YEAR	AUDIT
546	NEWBORN NOT ELIGIBLE ON DATES OF SERVICE	EDIT
547	NURSING FACILITY REVENUE CODE PRESENT - PEND FOR REVIEW	EDIT
548	DENTAL SERVICES NONCOVERED FOR ADULTS	EDIT
549	VISION CARE SERVICES NONCOVERED FOR ADULTS	EDIT
550	HEARING AIDS SERVICE NONCOVERED FOR ADULTS	EDIT
551	CONDITION CODE INVALID	EDIT
552	THE CATEGORY OF SERVICE ON YOUR ADJUSTMENT REQUEST DOES NOT MATCH THE ORIGINAL PAID CLAIM. THIS CLAIM HAS BEEN RESUB-	AUDIT

EOB NUM	MESSAGE	EDIT/AUD IND
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	MITTED WITH THE APPROPRIATE CATEGORY OF SERVICE.	
553	TYPE OF SERVICE INVALID OR MISSING. PLEASE REFER TO THE GEORGIA MEDICAID BILLING MANUAL FOR THE VALID TYPE OF SERVICE CODES.	EDIT
554	PLACE OF SERVICE CODE MISSING OR INVALID. PLEASE REFER TO THE GEORGIA MEDICAID BILLING MANUAL FOR THE VALID PLACE OF SERVICE CODES.	EDIT
555	THIS CLAIM DATE OF SERVICE EXCEEDS THE DEPARTMENT'S TIME LIMIT FOR PROCESSING CLAIMS	AUDIT
556	CLAIM FORM IS INAPPROPRIATE FOR YOUR ENROLLED PROVIDER CATEGORY OF SERVICE. PLEASE REFER TO YOUR BILLING MANUAL.	EDIT
557	CLAIM EXCEEDS FILING TIME LIMIT	EDIT
558	RESUBMIT WITH MEDICAL JUSTIFICATION FOR INPATIENT ADMIT	EDIT
559	RESUBMIT CLAIM WITH MEDICAL JUSTIFICATION FOR INPATIENT ADMISSION.	EDIT
560	CATEGORY OF SERVICE MISMATCH ON PAPER ADJUSTMENT, PLEASE SUBMIT A NEW CLAIM.	EDIT
561	CLAIM REJECT-RESUBMITTAL/TURNAROUND DOCUMENT EXCEEDS 3 MONTHS FILING TIME LIMIT	EDIT
562	REJECT-RESUBMITTAL TURNAROUND DOCUMENT NOT RETURNED. CLAIM DENIED	EDIT
563	A NEW DAY CLAIM WAS CREATED DUE TO A LEVEL OF CARE CHANGE.	AUDIT
564	RESUBMIT CLAIM WITH DHR6511 (REV 6-85) ATTACHED	EDIT
565	CLAIM REPROCESSED WITH CORRECTIONS PREVIOUSLY SUBMITTED ON A TURNAROUND DOCUMENT (TAD) THAT WAS ERRONEOUSLY DENIED.	AUDIT
566	REIMBURSEMENT WAS MADE AT THE ESTABLISHED ALL-INCLUSIVE RATE FOR YOUR CENTER. ANOTHER LINE ON THIS CLAIM DETERMINED REIMBURSEMENT	EDIT
567	LIMIT OF 24 ONE WAY TRIPS ANNUALLY PER RECIPIENT	AUDIT
568	OPERATING ROOM AND KIDNEY TRANSPLANT MUST BE BILLED	EDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	TOGETHER	
569	CLAIM DENIED - ALL SERVICES BILLED ARE NON COVERED BY GEORGIA MEDICAID	EDIT
570	NO APPOINTMENT SCHEDULED BY INFORMATION INDICATED	EDIT
571	NO TRANSPORTATION PROVIDED BY INFORMATION INDICATED	EDIT
572	TYPE OF SERVICE NOT INDICATED OR INDICATED INCORRECTLY	EDIT
573	SCREENING HISTORY MUST BE INDICATED FOR A COMPLETE SCREENING	EDIT
574	SEQUENCE NUMBER MUST BE VALID FOR A COMPLETE SCREENING	EDIT
575	INCORRECT SCREEN RESULTS INDICATED FOR A VISION SCREENING	EDIT
576	GIVEN IMMUNIZATION MUST BE INDICATED FOR AN IMMUNIZATION ONLY SCREENING	EDIT
578	INVALID SCREEN RESULTS	EDIT
579	CONDITION CODE MUST BE 01 FOR A STATUS CODE OF N	EDIT
580	COMPLETE SCREENING SCREEN RESULTS ARE BLANK OR CODED INCORRECTLY	EDIT
581	SCREEN RESULTS OF U08 OR R08 MUST APPEAR FOR A COMPLETE SCREENING FOR RECIPIENTS OVER 36 MONTHS OLD	EDIT
582	MEDICARE DEDUCTIBLE AMOUNT EXCEEDS CALENDAR YEAR ALLOWABLE.	EDIT
583	GEORGIA BETTER HEALTH CARE AUTHORIZATION NUMBER IS MISSING OR INVALID	EDIT
584	PROVIDER NOT ENROLLED IN THE VACCINES FOR CHILDREN PROGRAM.	EDIT
585	PROCEDURE LIMITED TO ONE PER LIFETIME PER PROVIDER	INFO
586	PROCEDURE CODES D0120 AND D0150 LIMITED TO ONE EACH PER RECIPIENT PER CALENDAR YEAR	AUDIT
587	CLAIM AND/OR ATTACHMENTS ARE ILLEGIBLE	AUDIT
588	MEDICARE EOMB DOES NOT AGREE WITH CLAIM	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
589	CLAIM FROM AND TO DATES OF SERVICE ARE NOT EQUAL.	EDIT
590	CLAIM PEND FOR REVIEW	EDIT
591	CLAIM PENDED FOR REVIEW OF MULTIPLE THIRD PARTY RESOURCES	EDIT
592	OTHER INSURANCE IS SUSPECTED. VERIFY COVERAGE AND FILE WITH CARRIER REFLECTED ON THIS FORM AND RESUBMIT CLAIM WITH TPL ATTACHMENT.	EDIT
593	PROCEDURE CODE ALLOWED ONCE PER LIFETIME.	AUDIT
594	PROCEDURE CODE LIMITED TO ONE PER ROLLING YEAR.	AUDIT
595	CLAIM NOT COVERED FOR PRESUMPTIVE ELIGIBILITY	EDIT
596	SUSPECT DUPLICATE - CHILDREN'S INTERVENTION SERVICES VERSUS OUTPATIENT MENTAL HEALTH SERVICES.	AUDIT
597	PROCEDURE CODE EXCEEDS MAXIMUM UNITS ALLOWED PER CALENDAR YEAR WITHOUT VALID PRIOR AUTHORIZATION.	AUDIT
598	ONLY TWO COMPLETE SCREENS ALLOWED PER SCREEN SEQUENCE	AUDIT
599	POST CATARACT FOLLOW-UP EXCEEDS 1 UNIT PER 90 DAYS.	AUDIT
600	TWELVE ORAL SURGERY OFFICE VISITS ALLOWED PER STATE FISCAL YEAR.	AUDIT
601	FACILITY TYPE INDICATOR INVALID (FIRST DIGIT OF TYPE OF BILL)	EDIT
602	CLAIM BILL CLASSIFICATION IS INVALID - SECOND DIGIT OF TYPE OF BILL MUST BE 1,3, OR 4	EDIT
603	REVENUE CODE 001 CANNOT BE BILLED WITHOUT OTHER REVENUE CODES	EDIT
604	PROCEDURE CODES Y3823 AND Y3824 ARE NOT ALLOWED FOR SAME DATES OF SERVICE.	AUDIT
605	D0130, D0140, D9440, OR Y0035 CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS D0110,D0150 OR D0120	AUDIT
606	ASST SURGEON FEE HAS BEEN PAID FOR SAME PREGNANCY	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
607	D0130 OR D9440 CANNOT BE BILLED WITH Y0035 OR D0140	AUDIT
608	PROCEDURE LIMITED TO 12 PER DATE OF SERVICE	AUDIT
609	ERROR STATUS CODE TABLE IS FULL	AUDIT
610	ERROR STATUS CODE TABLE IS FULL	AUDIT
611	CASE MANAGEMENT EXACT DUPLICATE	AUDIT
612	CASE MANAGEMENT SUSPECT DUPLICATE	AUDIT
613	NO PAYMENT FOR SERVICE CODES Y0402, Y0400, OR Y0401 IN COMBINATION FOR SAME RECIPIENT AND SAME DATE OF SERVICE	AUDIT
614	CRITICAL CARE NOT REIMBURSABLE; HOSPITAL VISIT/ADMIT/ CONSULT HAS BEEN PAID FOR SAME DATE OF SERVICE	AUDIT
615	CRITICAL CARE NOT REIMBURSABLE; EMERGENCY SERVICE OR VISITS HAVE BEEN PAID FOR SAME DATE OF SERVICE.	AUDIT
616	HOSPITAL VISIT ON SAME DOS AS OFFICE VISIT	AUDIT
617	PSYCHIATRIC SERVICE NOT COVERED ON THE SAME DAY AS HOSPITAL ADMIT/VISIT. BILL FOR EITHER THE PSYCHIATRIC SERVICE OR THE APPROPRIATE EVALUATION & MANAGEMENT SERVICE.	AUDIT
618	CONSULT/CRITICAL CARE OR EMERGENCY CARE NOT REIMBURSABLE; OFFICE OR HOSPITAL VISIT PAID FOR SAME DATE OF SERVICE.	AUDIT
619	CLAIM SUBMISSION NOT TIMELY AND PROVIDER HAD PREVIOUS KNOWLEDGE OF RECIPIENT'S ELIGIBILITY	AUDIT
62A	SHORT TERM INTENSIVE ALCOHOL AND DRUG DAY TREATMENT Y3019 LIMITED TO 120 HOURS PER MONTH	AUDIT
62B	PROCEDURE CODE Y3019 LIMITED TO 480 HOURS PER CALENDAR YEAR	AUDIT
620	ONE-WAY AND ROUND-TRIP NOT ALLOWED ON SAME DATE OF SERVICE	AUDIT
621	BITEWING/PERIAPICAL NOT ALLOWED SAME DATE OF SERVICE AS PANOREX	AUDIT
622	SERVICES RENDERED DURING AN INPATIENT STAY CAN NOT BE BILLED SEPARATELY AS OUTPATIENT CHARGES	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
623	ANNUAL LIMITATION FOR PSYCHOLOGY SERVICE HAS BEEN EXCEEDED	AUDIT
624	REVENUE CODE 849 LIMITED TO ONE PER MONTH	AUDIT
625	DENTAL OFFICE EXAM NON COVERED ON THE SAME DATE OF SERVICE AS DENTAL NURSING HOME VISIT	AUDIT
626	DENTAL OFFICE EXAM NON COVERED ON THE SAME DATE OF SERVICE AS DENTAL NURSING HOME VISIT	AUDIT
627	Y3823 & Y3824 NOT REIMBURSABLE FOR SAME CALENDAR MONTH OF SERVICE	AUDIT
628	Y3825 REIMBURSABLE ONLY ONCE WITHOUT PRIOR APPROVAL. THE PROVIDER COMPLETES A PROVIDER INQUIRY(PI) FORM, ATTACHES THE RA, SAF AND HARD COPY CLAIM AND SENDS TO THE ADDRESS ON THE PI FORM. THE CLAIM WILL BE PROCESSED BY DCH.	AUDIT
629	Y3823 HAS BEEN REIMBURSED FOR THIS MONTH OF SERVICE	AUDIT
630	PROCEDURE CODE Y3824 HAS BEEN REIMBURSED FOR THIS WEEK OF SERVICE.	AUDIT
631	TOTAL PAID AMOUNT CANNOT EXCEED \$3,000 PER RECIPIENT PER LIFETIME.	AUDIT
632	Y0035, D0130, D0140, OR D9440 NOT ALLOWED ON SAME DATE OF SERVICE AS D0150 OR D0120	AUDIT
633	DENTAL EXAMINATION EXCEEDS LIMIT OF 2 PER CALENDAR YEAR.	AUDIT
634	Y0035 OR D0140 NOT ALLOWED ON SAME DATE OF SERVICE AS D0130 OR D9440	AUDIT
635	PROCEDURE LIMITED TO 24 PER DATE OF SERVICE	AUDIT
636	PROCEDURE ALLOWED SIX TIMES PER RECIPIENT LIFETIME - LIMIT HAS BEEN EXCEEDED	AUDIT
637	PROCEDURE ALLOWED ONCE PER FIVE YEARS PER RECIPIENT. LIMIT HAS BEEN EXCEEDED FOR THIS RECIPIENT.	AUDIT
638	93510, 93543 AND 93545 CAN NOT BE BILLED FOR SAME DOS, USE 93547	AUDIT
639	TOTAL PAID AMOUNT CANNOT EXCEED \$1,596 PER RECIPIENT PER	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	FISCAL YEAR.	
640	MODEL WAIVER DAY CARE SERVICES CANNOT BE BILLED FOR SAME OR OVERLAPPING DATES OF SERVICE AS HOME HEALTH PROCEDURES H5300, Y0701, Y0702, Y0703, Y0704, Y0705, OR Y0706.	AUDIT
641	TOTAL PAID AMOUNT CANNOT EXCEED \$12,957 PER RECIPIENT PER LIFETIME.	AUDIT
642	PROCEDURE ALLOWED TWO PER RECIPIENT LIFETIME - LIMIT HAS BEEN EXCEEDED	AUDIT
643	TOOTH 02 LIMITED TO ONE SEALANT PER FOUR YEARS.	AUDIT
644	PROCEDURE LIMITED TO THREE PER RECIPIENT LIFETIME - LIMIT EXCEEDED	AUDIT
645	PROCEDURE CODES H5300, Y0701, Y0702, Y0703, Y0704, Y0705, OR Y0706 CANNOT BE BILLED FOR SAME OR OVERLAPPING DATES OF SERVICE AS MODEL WAIVER DAY CARE SERVICES.	AUDIT
646	PSYCHIATRIC EVALUATION LIMITED TO FIVE HOURS PER CALENDAR YEAR PER RECIPIENT - LIMIT EXCEEDED	AUDIT
647	OUTPATIENT PSYCHOTHERAPY LIMITED TO 12 HOURS (24 UNITS) PER RECIPIENT PER CALENDAR YEAR.	AUDIT
648	ELECTROCONVULSIVE SHOCK THERAPY LIMITED TO TWELVE PER CALENDAR YEAR PER RECIPIENT - LIMIT EXCEEDED	AUDIT
649	DENTAL FULL MOUTH RADIOGRAPHY LIMITED TO ONE PER RECIPIENT PER THREE YEARS	AUDIT
650	DENTURE REPAIR LIMITED TO TWO PER RECIPIENT PER CALENDAR YEAR-LIMIT EXCEEDED.	AUDIT
651	TISSUE CONDITIONING LIMITED TO TWO PER RECIPIENT PER CALENDAR YEAR - LIMIT EXCEEDED	AUDIT
652	DMA RECORDS INDICATE THAT A CROSS OVER CLAIM HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE.	AUDIT
653	PROCEDURE CODE Y5151 ALLOWED 3 PER CALENDER YEAR	AUDIT
654	DRUG PREVIOUSLY PAID AS AN EMERGENCY	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
655	PROCEDURE 90712 ALLOWED SIX TIMES PER RECIPIENT LIFETIME - LIMIT EXCEEDED	AUDIT
656	PROCEDURE CODE 90701 LIMITED TO FIVE PER RECIPIENT LIFETIME LIMIT EXCEEDED	AUDIT
657	PROCEDURE CODE 90712 LIMITED TO FOUR PER RECIPIENT'S LIFETIME-LIMIT EXCEEDED.	AUDIT
658	93550 INCLUDES 93549 AND 93551	AUDIT
659	PROCEDURE Y5400 OR Y5401 ALLOWED ONCE PER RECIPIENT LIFETIME -LIMIT EXCEEDED.	AUDIT
660	MULTIPLE SURGERY WITHIN 2 DAYS - PENDED FOR REVIEW	AUDIT
661	H2 ANTAGONISTS LIMITED TO A 2 MONTH SUPPLY	AUDIT
662	SUCRALFATE'S LIMITED TO 2 SCRIPTS PER LIFETIME WITHOUT PRIOR APPROVAL	AUDIT
663	DIPYRIDAMOLE LIMITED TO A 1 MONTH SUPPLY	AUDIT
664	BUSPAR LIMITED TO ONE PRESCRIPTION WITHOUT PRIOR APPROVAL	AUDIT
665	SELDANE/HISMANAL LIMITED TO ONE PRESCRIPTION WITHOUT PRIOR APPROVAL ANTIHISTAMINES LIMITED TO ONE PRESCRIPTION WITHOUT PRIOR APPROVAL	AUDIT
666	DOLOBID LIMITED TO ONE PRESCRIPTION WITHOUT PRIOR APPROVAL	AUDIT
667	PROCEDURE LIMITED TO 1 PER 90 DAYS WITH THIS DIAGNOSIS	AUDIT
668	PROCEDURE LIMITED TO 1 PER CALENDAR MONTH WITH THIS DIAGNOSIS	AUDIT
669	PROCEDURE LIMITED TO 1 PER CALENDAR YEAR WITH THIS DIAGNOSIS	AUDIT
670	THE INITIAL VISIT AND THE ANNUAL VISIT IS LIMITED TO ONE EACH PER CALENDAR YEAR.	AUDIT
671	BRIEF OR COMPREHENSIVE VISITS CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS INITIAL OR ANNUAL VISITS	AUDIT
672	PROCEDURE CODE LIMITED TO ONE PER CALENDAR MONTH	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
673	REFRACTIVE EXAM EXCEEDS ANNUAL LIMIT	AUDIT
674	EYEGLASS FRAMES EXCEED ANNUAL LIMIT	AUDIT
675	LENS EXCEEDS ANNUAL LIMIT	AUDIT
676	FITTING AND DISPENSING SERVICE EXCEEDS ANNUAL LIMIT	AUDIT
677	REFRACTIVE EXAM EXCEEDS ANNUAL LIMIT	AUDIT
678	LENS EXCEED ANNUAL LIMIT FOR RECIPIENTS UNDER 21	AUDIT
679	EYEGLASS FRAMES EXCEED ANNUAL LIMIT	AUDIT
680	FITTING AND DISPENSING SERVICE EXCEEDS ANNUAL LIMIT	AUDIT
681	LENS PAIR EXCEED ANNUAL LIMIT FOR RECIPIENTS UNDER 21	AUDIT
682	LENS EXCEED ANNUAL LIMIT FOR RECIPIENTS UNDER 21	AUDIT
683	SINGLE LENS EXCEEDS LIMIT FOR RECIPIENT OVER 21	AUDIT
684	EYEGLASS FRAMES EXCEED 3 YEAR LIMIT	AUDIT
685	REFRACTIVE EXAMS EXCEED 3 YEAR LIMIT	AUDIT
686	FITTING AND DISPENSING SERVICE EXCEEDS 3 YEAR LIMIT	AUDIT
687	REFRACTIVE EXAMS EXCEED LIMIT	AUDIT
688	FITTING AND DISPENSING SERVICE EXCEEDS 3 YEAR LIMIT	AUDIT
689	LENS EXCEEDS 3 YEAR LIMIT	AUDIT
690	LENS EXCEEDS 3 YEAR LIMIT	AUDIT
691	LENS EXCEEDS 3 YEAR LIMIT	AUDIT
692	EYEGLASS FRAMES EXCEED 3 YEAR LIMIT	AUDIT
693	INTERPERIODIC SCREENING CANNOT BE BILLED ON THE SAME DOS AS COMPLETE SCREENING	AUDIT
694	ONLY ONE FOLLOW-UP VISIT ALLOWED PER MONTH OF SERVICE	AUDIT
695	PROCEDURE LIMITED TO ONE (1) PER 180 DAYS FOR COMPREHENSIVE	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	PERINATAL ASSESSMENT	
696	PROCEDURE LIMITED TO (1) PER 280 DAYS FOR POSTPARTUM PERINATAL FOLLOW-UP	AUDIT
697	PROCEDURE LIMITED TO 2 PER 280 DAYS FOR EXTENDED FOLLOW-UP	AUDIT
698	COMPLETE SCREENING NOT ALLOWED ON SAME DATE OF SERVICE AS INTERPERIODIC SCREENING	AUDIT
699	MAINTENANCE ANTI-ULCER CLAIM PREVIOUSLY PAID FOR MONTH OF SERVICE	AUDIT
700	PROCEDURE IS COVERED ONLY ONCE PER RECIPIENT LIFETIME - LIMIT EXCEEDED	AUDIT
701	HISTORY AND EXAM OF NORMAL INFANT NOT COVERED ON SAME DAY AS NICU INITIAL VISIT.	AUDIT
702	HOSPITAL VISIT/ADMIT/CONSULT NOT COVERED ON SAME DOS AS CRITICAL CARE.	AUDIT
703	EMERGENCY SERVICE AND VISITS ARE NOT COVERED ON THE SAME DAY AS CRITICAL CARE.	AUDIT
704	ONLY ONE HOSPITAL ADMIT/VISIT/SERVICE ALLOWED PER DATE OF SERVICE.	AUDIT
705	HOSPITAL AND OFFICE VISIT NOT COVERED ON SAME DATE OF SERVICE	AUDIT
706	HOSPITAL ADMIT/VISIT IS NOT COVERED ON THE SAME DAY AS PSYCHIATRIC SERVICE.	AUDIT
707	VISIT BILLED FOR SAME DAY AS CONSULT/CRITICAL OR EMERGENCY CARE NOT ALLOWED.	AUDIT
708	ONLY ONE HOSPITAL ADMIT/VISIT/SERVICE ALLOWED PER DATE OF SERVICE	AUDIT
709	SERVICE ALLOWED ONCE PER TWO YEARS	AUDIT
710	PROTON PUMP INHIBITORS LIMITED TO A 2-MONTH SUPPLY.	AUDIT
711	ONLY ONE INITIAL CONSULT ALLOWED PER CALENDAR YEAR	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
712	VISITS/H & P/CONSULTATION INCLUDED IN SURGERY REIMBURSEMENT DO NOT RESUBMIT.	AUDIT
713	PROCEDURE CODE YD302 CANNOT BE BILLED FOR MORE THAN 59 UNITS PER RECIPIENT PER CALENDAR MONTH	AUDIT
714	LIFETIME LIMIT FOR PROCEDURES HAS BEEN EXCEEDED	AUDIT
715	NO MORE THAN ONE OF LIKE PROSTHESIS PROCEDURE ALLOWED WITHIN A THREE YEAR SPAN PER RECIPIENT - LIMIT EXCEEDED.	AUDIT
716	DENTAL SERVICES EXCEED \$150.00 PER RECIPIENT, PER PROVIDER, PER CALENDAR YEAR WITHOUT PRIOR APPROVAL.	AUDIT
717	RESTORATION SERVICES ARE NOT COVERED FOR PREVIOUSLY EXTRACTED TOOTH	AUDIT
718	QUANTITY EXCEEDS MONTH'S SUPPLY. RESUBMIT WITH PRESCRIPTION	AUDIT
719	DENTAL RADIOGRAPH: LIMIT OF \$100.00 PER RECIPIENT PER CALENDAR YEAR HAS BEEN EXCEEDED.	AUDIT
720	TOOTH 03 LIMITED TO ONE SEALANT PER FOUR YEARS.	AUDIT
721	BITEWING/PERIAPICAL IS NOT ALLOWED WITH PANOREX FOR THE SAME SERVICE DATES.	AUDIT
722	ONLY ONE FILLING PER TOOTH ALLOWED ON SAME DATE OF SERVICE	AUDIT
723	PROCEDURE D1203 ONLY ALLOWED TWICE PER CALENDAR YEAR- LIMIT EXCEEDED.	AUDIT
724	FOLLOW-UP CARE NOT COVERED WITHOUT PAID SURGERY CODE OR SURGEON HAS BILLED AND HAS BEEN PAID GLOBAL FEE.	AUDIT
725	POST-CATARACT FOLLOW-UP EXCEEDS 1 UNIT PER 120 DAYS	AUDIT
726	DENTAL SERVICES EXCEED \$300 PER RECIPIENT PER PROVIDER PER CALENDAR YEAR WITHOUT PRIOR APPROVAL FROM 01/01/92 THROUGH 06/30/98. IF VALID PRIOR APPROVAL EXIST FOR THE SERVICES WHICH DENIED, CONTACT THE INQUIRY UNIT	AUDIT
727	PROCEDURE CODE Y5101 AND Y5102 LIMITED ONE UNIT PER MONTH	AUDIT
728	GROUP TRAINING/COUNSELING Y3015 LIMITED TO 60 UNITS PER MONTH	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
729	RECIPIENT IS IN INACTIVE STATUS	AUDIT
730	NORPLANT SERVICES LIMITED TO TWO PER FIVE YEARS	AUDIT
731	CASE MANAGEMENT SERVICE FOR THIS DATE OF SERVICE HAS BEEN PREVIOUSLY PAID	AUDIT
732	PROCEDURE CODES Y3317 AND Y3318 CANNOT BE BILLED IN SAME CALENDAR MONTH FOR THE SAME RECIPIENT.	AUDIT
733	OFFICE VISIT AND REFRACTIVE EXAM NOT COVERED ON SAME DATE OF SERVICE	AUDIT
734	CLAIM IN CONFLICT WITH PREVIOUS PAID CLAIM BILLED ON CLAIM TYPE 02. SEE POLICY MANUAL SECTION 901.3 FOR CLARIFICATION ON ANESTHESIA REIMBURSEMENT.	AUDIT
735	REFRACTIVE EXAM AND OFFICE VISIT NOT COVERED ON SAME DATE OF SERVICE	AUDIT
736	PROCEDURE ALLOWED ONCE PER 30 DAYS PER RECIPIENT - LIMIT EXCEEDED.	AUDIT
737	SERVICES RENDERED DURING INPATIENT STAY CANNOT BE BILLED SEPARATELY AS OUTPATIENT CHARGES	AUDIT
738	RE-ADMISSION SAME DATE AS DISCHARGE - CONSIDERED ONE ADMIT	AUDIT
739	ONLY ONE INITIAL HOSPITAL ADMISSION ALLOWED PER SIX (6) MONTH PERIOD	AUDIT
740	PROCEDURE ALLOWED ONCE PER SEVEN DAYS PER RECIPIENT - LIMIT EXCEEDED.	INFO
741	ONLY ONE(1) BILLING OF REVENUE CODE 942 ALLOWED PER YEAR	AUDIT
742	PROCEDURE REIMBURSABLE ONCE DURING AN OBSTETRIC/DELIVERY PERIOD.	AUDIT
743	CLAIM EXCEEDS LIMITATION OF APPROVED SERVICES	AUDIT
744	PROCEDURE REIMBURSABLE ONCE PER CALENDAR YEAR, PER RECIPIENT THIS RECIPIENT HAS EXCEEDED THE LIMIT.	AUDIT
745	PROCEDURE 90700 LIMITED TO THREE PER LIFETIME	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
746	PROCEDURE LIMITED TO SIX PER LIFETIME	AUDIT
747	PROCEDURE CODE 90801 ALLOWED ONCE PER RECIPIENT PER CALENDAR YEAR - LIMIT EXCEEDED.	AUDIT
748	PROCEDURE CODE LIMITED TO 10 HOURS PER RECIPIENT PER CALENDAR MONTH - LIMIT EXCEEDED.	AUDIT
749	MAXIMUM OF FOUR (4) 90731-52 HAS BEEN REACHED FOR THIS CALENDAR YEAR	AUDIT
750	TOOTH 14 LIMITED TO ONE SEALANT PER FOUR YEARS.	AUDIT
751	PAYMENT REDUCED-HOSPITAL LEAVE EXCEEDS 7 DAYS PER VISIT.	AUDIT
752	PAYMENT REDUCED-PLAN LEAVE LIMITS HAVE BEEN EXCEEDED.	AUDIT
753	PROCEDURE ALLOWED TWICE PER DATE OF SERVICE PER RECIPIENT - LIMIT EXCEEDED.	AUDIT
754	SERVICE AUTHORIZATION IS REQUIRED BUT NOT ON FILE. CONTACT THE EDS INQUIRY UNIT TO DETERMINE IF THE EDS COORDINATOR OR THE DIVISION OF AGING SERVICES FOR INSTRUCTIONS.	AUDIT
755	INJECTABLE DRUG BILLED HAS BEEN PAID FOR THIS DIALYSIS PATIENT.	AUDIT
756	PROVIDER NUMBER ON CLAIM DOES NOT MATCH THE SERVICE AUTHORIZATION PROVIDER NUMBER - CONTACT THE EDS INQUIRY UNIT TO DETERMINE IF THE PROVIDER NUMBER ON THE CLAIM MATCHES THE PROVIDER NUMBER ON THE EDS SYSTEM. IF NOT, CONTACT THE CARE COORDINATOR OR THE DIVISION OF AGING SERVICES FOR INSTRUCTIO	AUDIT
757	PROCEDURE CODE BILLED DOES NOT MATCH SERVICE AUTHORIZATION PROCEDURE CODE - CORRECT PROCEDURE CODE OR CONTACT THE EDS INQUIRY UNIT. IF THE CORRECT PROCEDURE CODE IS NOT ON THE EDS SYSTEM, CONTACT THE CARE COORDINATOR OR THE DIVISION OF AGING SERVICES FOR INSTRUCTIONS.	AUDIT
758	DATES OF SERVICE BILLED ARE NOT WITHIN SERVICE AUTHORIZATION EFFECTIVE DATES - CORRECT DATES OF SERVICE OR CONTACT THE EDS INQUIRY UNIT. IF DATES ON THE EDS SYSTEM ARE INCORRECT CONTACT THE CARE COORDINATOR OR THE DIVISION OF AGING SERVICES FOR INSTRUCTIONS.	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
759	CLAIM AMOUNT HAS EXCEEDED THE SERVICE AUTHORIZATION AMOUNT CONTACT EDS INQUIRY TO CHECK IF THE EDS SYSTEM HAS UPDATED THE ADDITIONAL AMOUNT. IF NOT, CONTACT THE CARE COORDINATOR OR THE DIVISION OF AGING SERVICES FOR INSTRUCTIONS.	AUDIT
760	CLAIM UNITS HAVE EXCEEDED THE SERVICE AUTHORIZATION NUMBER OF UNITS CONTACT EDS INQUIRY TO CHECK IF THE EDS SYSTEM HAS UPDATED ADDITIONAL UNITS. IF NOT, CONTACT THE CARE COORDINATOR OR THE DIVISION OF AGING SERVICES FOR INSTRUCTIONS.	AUDIT
761	PROCEDURE LIMITED TO 15 PER LIFETIME	AUDIT
762	PROCEDURE IS LIMITED TO ONE PER CALENDAR YEAR	AUDIT
763	PROCEDURE LIMITED TO ONE EVERY SIX MONTHS	AUDIT
764	PROCEDURE LIMITED TO ONE PER CALENDAR MONTH	AUDIT
765	PROCEDURE LIMITED TO ONE EVERY THREE MONTHS	AUDIT
766	PROCEDURE LIMITED TO ONCE IN A LIFETIME	AUDIT
767	REVENUE CODES 821 AND 831 CANNOT BE BILLED FOR SAME DATE OF SERVICE	AUDIT
768	REVENUE CODES 821 AND 831 CANNOT BE BILLED FOR SAME DATE OF SERVICE	AUDIT
769	PROCEDURE CODES CANNOT BE BILLED IN THE SAME MONTH	AUDIT
770	PROCEDURE LIMITED TO ONCE IN A LIFETIME	AUDIT
771	MULTIPLE SURGERY PENDING CONSULTANT PEER REVIEW - DO NOT RESUBMIT	AUDIT
772	NURSING HOME AND HOSPITAL CLAIMS HAVE OVERLAPPING SERVICE DATES. CHECK DATES OF SERVICE.	AUDIT
773	ANESTHESIA FOR THIS DATE OF SERVICE HAS ALREADY BEEN PAID BY THE DEPARTMENT OF MEDICAL ASSISTANCE.	AUDIT
774	ONE EPSDT VISION - ONLY SCREEN IS ALLOWED PER RECIPIENT PER CALENDAR YEAR.	AUDIT
775	PROCEDURE CODE BILLED HAS BEEN PREVIOUSLY PAID	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
776	93549 AND 93551 INCLUDED IN 93550; DO NOT REBILL.	AUDIT
777	DUPLICATE HMO CAPITATION PAYMENT CLAIM.	AUDIT
778	PARTIAL HOSPITALIZATION Y3001 LIMITED TO 180 UNITS PER MONTH	AUDIT
779	RESUBMIT USING CODE 93550 ONLY; 93549 AND 93551 ARE INCLUDED IN 93550	AUDIT
780	NEONATAL INTENSIVE CARE REIMBURSEMENT PROCEDURE CODE ALREADY PAID.	AUDIT
781	RESUBMIT USING CODE 93552 ONLY; 93550 AND 93547 ARE INCLUDED IN 93552	AUDIT
782	93550 AND 93547 ARE INCLUDED IN 93552; FOR CORRECT REIMBURSEMENT, SUBMIT AN ADJUSTMENT TO CHANGE PAID CODE 93550 OR 93547 TO 93552	AUDIT
783	93550 AND 93548 ARE INCLUDED IN 93553: FOR CORRECT REIMBURSEMENT SUBMIT AN ADJUSTMENT TO CHANGE PAID CODE 93550 OR 93548 TO 93553	AUDIT
784	TOOTH 15 LIMITED TO ONE SEALANT PER FOUR YEARS.	AUDIT
785	PROCEDURE CODE YD302 CAN NOT EXCEED 120 UNITS PER CALENDAR MONTH	AUDIT
786	MODEL WAIVER HOME CARE SERVICES CANNOT BE BILLED FOR SAME OR OVERLAPPING DATES OF SERVICE AS HOME HEALTH PROCEDURES Y0701 AND Y0704	AUDIT
787	HOME HEALTH PROCEDURES Y0701 AND Y0704 CANNOT BE BILLED FOR SAME OR OVERLAPPING DATES OF SERVICE AS MODEL WAIVER HOME CARE SERVICES	AUDIT
788	INDEPENDENT CARE SERVICES NOT REIMBURSEABLE FOR THE SAME OR OVERLAPPING DATES OF SERVICE AS MENTAL RETARDATION OR COMMUNITY CARE.	AUDIT
789	MENTAL RETARDATION SERVICES NOT REIMBURSEABLE FOR THE SAME OR OVERLAPPING DATES OF SERVICE AS INDEPENDENT CARE SERVICES OR COMMUNITY CARE SERVICE.	AUDIT
790	INDEPENDENT CARE WAIVER CLAIM CANNOT BE BILLED FOR THE SAME	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	OR OVERLAPPING DOS AS A NURSING HOME CLAIM	
791	NURSING HOME CLAIM CANNOT BE BILLED FOR THE SAME OR OVERLAPPING DOS AS AN INDEPENDENT CARE WAIVER CLAIM	AUDIT
792	PROCEDURE Y4030 ALLOWED ONCE PER RECIPIENT PER LIFETIME	AUDIT
793	PROCEDURE CODE Y5101 LIMITED TO 3 UNITS PER CALENDAR YEAR	AUDIT
794	PROCEDURE CODE Y4041 ALLOWED ONCE PER YEAR PER RECIPIENT	AUDIT
795	RESUBMIT USING ESTABLISHED PT. CODES. NEW PATIENT IS DEFINED AS ONE WHO HAS NOT RECEIVED YOUR PROFESSIONAL SERVICES WITHIN THE PAST 3 YEARS. SEE CPT AND POLICY MANUAL.	AUDIT
796	PROCEDURE Y0176, Y0186 AND Y5100 LIMITED TO ONE PER RECIPIENT/PER LIFETIME/PROVIDER.	AUDIT
797	PROCEDURE CODE Y0178 AND Y0188 LIMITED TO 3 EACH PER ROLLING YEAR.	AUDIT
798	PROCEDURE ALLOWED ONCE PER CALENDAR MONTH	AUDIT
799	CRITICAL CARE REIMBURSEMENT PROCEDURE CODE ALREADY PAID	AUDIT
800	RESUBMIT WITH MEDICAL JUSTIFICATION OR MEDICAL RECORDS FOR INPATIENT ADMIT.	AUDIT
801	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
802	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
803	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
804	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
805	EPSDT EXACT DUPLICATE	AUDIT
806	SUSPECT DUPLICATE OUTPATIENT CLAIM	AUDIT
807	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
808	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
809	PAY THE LESSER ALLOWED AMOUNT WHEN TWO OR MORE PROCEDURE CODES (Y0176-Y0178) OR (Y0186-Y0188) ARE BILLED IN THE SAME CYCLE.	AUDIT
811	SERVICE BILLED IS INCLUDED IN THE EPSDT PAYMENT. SEPARATE BILLING IS NOT COVERED.	AUDIT
812	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
813	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
814	DUPLICATE DIALYSIS CLAIM	AUDIT
815	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
816	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
817	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
818	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
819	HOME HEALTH/COMM CARE/MODEL WAIVER/IND CARE NOT REIMBURSABLE FOR THE SAME DOS	AUDIT
820	DUPLICATE OUTPATIENT RADIOLOGY PROCEDURE	AUDIT
821	SUSPECT DUPLICATE LTC AND NURSING HOME CROSSOVER CLAIM	AUDIT
822	PROCEDURE CODES LIMITED TO 168 HOURS PER FISCAL YEAR	AUDIT
823	PROCEDURE Y3304 IS LIMITED TO 960 UNITS PER FISCAL YEAR	AUDIT
824	POSSIBLE MRWP DUPLICATE AGAINST HOSPICE, MENTAL HEALTH, COMMUNITY CARE, OR NURSING HOME	AUDIT
826	PROCEDURE CODES Y3300, Y3301, Y3302 OR Y3303 CANNOT	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	EXCEED 31 UNITS PER MONTH	
827	PROCEDURE CODE LIMITED TO 240 PER FISCAL YEAR	AUDIT
828	HOME HEALTH AIDE SERVICES CANNOT BE PROVIDED UNDER BOTH THE MRWP AND HOME HEALTH PROGRAMS SIMULTANEOUSLY.	AUDIT
829	HOME HEALTH AIDE SERVICES CANNOT BE PROVIDED UNDER BOTH THE MRWP AND HOME HEALTH PROGRAMS SIMULTANEOUSLY.	AUDIT
830	RESIDENTIAL TRAINING SERVICE CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS RESPITE OR HOME BASED SERVICE. CHECK DATE OF SERVICE BILLED.	AUDIT
831	RESPITE OR HOME BASED SERVICE CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS RESIDENTIAL TRAINING SERVICE. CHECK DATE OF SERVICE BILLED.	AUDIT
832	PROCEDURE CODE Y3316 LIMITED TO 80 HOURS PER CALENDAR MONTH	AUDIT
833	PROCEDURE 90160-TC OR 99341-TC LIMITED TO A TOTAL OF TWO (2) PER 280 DAYS	AUDIT
834	PROCEDURE Y5100 MUST BE PAID BEFORE Y5101 AND Y5102 CAN BE PAID.	AUDIT
835	PROCEDURE Y3020 LIMITED 1000 UNITS PER CALENDAR YEAR	AUDIT
836	PROCEDURE Y0410 LIMITED TO FOUR PER CALENDAR MONTH WITHOUT MEDICAL CERTIFICATION	AUDIT
837	ALLOWED UNITS FOR PROCEDURE CODES HAVE BEEN EXCEEDED	AUDIT
838	TOOTH 18 LIMITED TO ONE SEALANT PER FOUR YEARS.	AUDIT
839	ANNUAL LIMIT FOR HIB VACCINE HAS BEEN REACHED	AUDIT
84A	ACTIVITIES THERAPY LIMITED TO 136 PER MONTH	AUDIT
84B	CRISIS MANAGEMENT LIMITED TO 120 PER MONTH	AUDIT
840	PAYMENT DENIED DOCUMENTATION MISSING, INVALID OR INCOMPLETE.	AUDIT
841	POSSIBLE INPATIENT DUPLICATE	AUDIT
842	SERVICE NOT COVERED DURING RECIPIENT'S HOSPITAL STAY	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
843	POSSIBLE DUPLICATE PENDING REVIEW.	AUDIT
844	POSSIBLE DUPLICATE PENDING REVIEW.	AUDIT
845	ACTIVITIES THERAPY LIMITED TO 136 UNITS PER MONTH	AUDIT
846	CRISIS MANAGEMENT LIMITED TO 240 PER MONTH	AUDIT
847	PROCEDURE LIMITED TO ONE EVERY SIX MONTHS	AUDIT
848	INITIAL DAY TREATMENT (YA302, YB302, YC302) LIMITED TO 120 PER MONTH	AUDIT
849	MULTIPLE OFFICE VISITS NOT COVERED ON SAME DATE OF SERVICE	AUDIT
850	PROCEDURE CODES CANNOT BE BILLED IN SAME MONTH	AUDIT
851	AMBULATORY DETOXIFICATION (Y3005) LIMITED TO 448 PER MONTH	AUDIT
852	MINIVAN NOT COVERED ON SAME DATE OF SERVICE AS WHEELCHAIR VAN	AUDIT
853	WHEELCHAIR VAN NOT COVERED ON SAME DATE OF SERVICE AS MINIVAN	AUDIT
854	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE - RESUBMIT CLAIM WITH COPY OF PRESCRIPTION AND MEDICAID CARD	AUDIT
855	SUSPECT DUPLICATE OF APPROVED CURRENT OR PAID HISTORY LONG TERM CARE CLAIM.	AUDIT
856	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
857	RECIPIENTS CANNOT RECEIVE SERVICES UNDER THE COMMUNITY CARE AND HOME HEALTH PROGRAMS SIMULTANEOUSLY IF THE RECIPIENT IS IDENTIFIED AS A HOME HEALTH RECIPIENT ONLY. ALL HOME HEALTH SERVICES FOR CCSP RECIPIENTS MUST BE AUTHORIZED BY THE CCSP CARE COORDINATOR ON THE SAF, NOT THE DMA-44. PROVIDER CONTAC	AUDIT
858	THIS CLAIM CONTAINS LINE(S) THAT WERE COMPUTER GENERATED DUE TO HCPCS CONVERSION.	AUDIT
859	UNITS OF SERVICE BILLED EXCEEDS MONTHLY MAXIMUM FOR	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	PROCEDURE. PLEASE RESUBMIT WITH PHYSICIAN APPROVAL FOR EXTENSION.	
860	UNITS OF SERVICE BILLED EXCEEDS MONTHLY MAXIMUM FOR PROCEDURE. PLEASE RESUBMIT WITH PHYSICIAN APPROVAL FOR EXTENSION.	AUDIT
861	SAME PROVIDER CAN NOT BILL AS SURGEON AND ASSISTANT SURGEON.	AUDIT
862	PROFESSIONAL FEE IS INCLUDED IN CODE PREVIOUSLY BILLED	AUDIT
863	PROCEDURE CODE BILLED HAS BEEN PREVIOUSLY PAID	AUDIT
864	ONE EXTRACTION ALLOWED PER TOOTH	AUDIT
865	MAXIMUM REIMBURSEMENT FOR THIS EQUIPMENT IS 10 MONTH'S RENTAL	AUDIT
866	PROCEDURE CODE Y0416 CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS PROCEDURE CODE Y0415	AUDIT
867	PROCEDURE CODE Y0417 CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS PROCEDURE CODE Y0418	AUDIT
868	PROCEDURE CODE Y0415 CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS PROCEDURE CODE Y0416	AUDIT
869	PROCEDURE CODE Y0418 CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS PROCEDURE CODE Y0417	AUDIT
870	PROCEDURE CODE Y0444 CANNOT BE BILLED ON SAME DATE OF SERVICE AS Y0416.	AUDIT
871	PROCEDURE CODE Y0416 CANNOT BE BILLED ON SAME DATE OF SERVICE AS Y0444.	AUDIT
872	GENERAL ANESTHESIA CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS INTRAVENOUS SEDATION	AUDIT
873	INTRAVENEOUS SEDATION CANNOT BE BILLED ON THE SAME DATE OF SERVICE AS GENERAL ANASTHESIA	AUDIT
874	PROCEDURE ALLOWED ONCE PER TWENTY-FOUR MONTHS	AUDIT
875	ESCORT NOT ALLOWED WHEN TRANSPORTATION CODES ARE NOT PAID	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
876	PROCEDURE CODES Y5350(01) AND Y5351(01) LIMITED TO ONE UNIT EACH PER 280-DAY PERIOD.	AUDIT
877	6 FAMILY PLANNING VISITS ALLOWED PER FISCAL YEAR	AUDIT
878	TWELVE PODIATRY OFFICE VISITS ALLOWED PER STATE FISCAL YEAR (JULY 1 - JUNE 30)	AUDIT
879	REPAIRS FOR D.M.E REPAIR CODE E1350NU OR Y0256NU CANNOT EXCEED \$400.00 PER RECIPIENT PER CALENDAR YEAR.	AUDIT
880	FAMILY PLANNING LAB PROCEDURES ARE LIMITED TO 12 PER FISCAL YEAR (JULY 1 THROUGH JUNE 30);LIMIT EXCEEDED.	AUDIT
882	HOME DELIVERED MEALS LIMITED TO 14 UNITS PER WEEK.	AUDIT
883	HOME DELIVERED MEALS AND/OR PERSONAL SERVICES PROCEDURE CODES AND ALTERNATE LIVING SERVICES PROCEDURE CODES CANNOT BE BILLED ON SAME DATE OF SERVICE.	AUDIT
884	CROSSOVER CLAIM PAID FOR THIS DATE OF SERVICE	AUDIT
885	CLAIM FOR THIS DATE OF SERVICE HAS BEEN PREVIOUSLY PAID	AUDIT
886	CLAIM FOR THIS DATE OF SERVICE HAS BEEN PREVIOUSLY PAID	AUDIT
887	CLAIM EXCEEDS MONTHLY PRESCRIPTION LIMIT PER RECIPIENT.	AUDIT
888	TWELVE NURSING FACILITY VISITS ALLOWED PER STATE FISCAL YEAR (JULY 1 THROUGH JUNE 30). THIS RECIPIENT HAS EXCEEDED THE LIMIT.	AUDIT
889	INDIVIDUAL LAB PROCEDURE NOT ALLOWED WITH LAB PANEL PROCEDURE	AUDIT
890	TWELVE PHYSICIAN OFFICE VISITS ALLOWED PER STATE FISCAL YEAR (JULY 1 THROUGH JUNE 30). THIS RECIPIENT HAS EXCEEDED THE LIMIT.	AUDIT
891	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
892	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
893	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	SERVICE	
894	CLAIM IS A DUPLICATE OF A PREVIOUSLY PAID PRACTITIONER CLAIM	AUDIT
895	SUSPECT DUPLICATE CLAIM PENDED FOR REVIEW. PLEASE DO NOT RESUBMIT.	AUDIT
896	CLAIM IS A DUPLICATE OF A PREVIOUSLY PAID PRACTITIONER CLAIM	AUDIT
897	SUSPECT DUPLICATE CLAIM PENDED FOR REVIEW. PLEASE DO NOT RESBUMIT.	AUDIT
898	HOME HEALTH VISITS EXCEED 75 CALENDAR YEAR LIMIT	AUDIT
899	TWELVE PODIATRY NURSING FACILITY VISITS ALLOWED PER STATE FISCAL YEAR (JULY 1- JUNE 30)	AUDIT
900	DUPLICATE OUTPATIENT OPERATING ROOM PROCEDURE CODE	AUDIT
901	PSYCHIATRIC SERVICE LIMITED TO ONE PER DATE OF SERVICE	AUDIT
902	PROCEDURE LIMITED TO ONE PER RECIPIENT LIFETIME	AUDIT
903	SERVICE BILLED HAS BEEN PREVIOUSLY PAID FOR THIS DATE OF SERVICE	AUDIT
904	REVENUE CODES 841, 845 OR 849 ARE NOT ALLOWED WITH DIALYSIS REVENUE CODES ON SAME DATE OF SERVICE.	AUDIT
905	CLAIM IS PENDED FOR REVIEW; DO NOT RESUBMIT.	AUDIT
906	TOOTH 19 LIMITED TO ONE SEALANT PER FOUR YEARS.	AUDIT
907	REVENUE CODE 841 NOT ALLOWED WITH REVENUE CODE 845 OR 849 FOR SAME DATE OF SERVICE	AUDIT
908	STERILIZATION/HYSTERECTOMY - PEND FOR REVIEW.	AUDIT
909	THERAPEUTIC RESIDENTIAL INTERVENTION SERVICES ALREADY PAID ON THIS DATE OF SERVICE RANGE	AUDIT
910	PROCEDURE CODES CANNOT BE BILLED ON SAME DATE OF SERVICE	AUDIT
911	PROCEDURE LIMITED TO FOUR PER CALENDAR YEAR	AUDIT
912	ANY COMBINATION OF D0110 OR D0150 ALLOWED ONE PER CALENDAR	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
	YEAR	
913	TOOTH 30 LIMITED TO ONE SEALANT PER FOUR YEARS.	AUDIT
914	TOOTH 31 LIMITED TO ONE SEALANT PER FOUR YEARS.	AUDIT
915	PROCEDURE CODES RESTRICTED TO SINGLE PROVIDER	AUDIT
917	ONE PROCEDURE CODE Y0403, Y0404, OR Y0405 PER DATE OF SERVICE	AUDIT
918	PROCEDURE CODES Y3001, Y3011, Y3018, Y3019, YA302, YB302, YC302, AND YD302 CANNOT BE BILLED ON SAME DATES OF SERVICE	AUDIT
919	HOME HEALTH VISITS HAVE NOT BEEN EXHAUSTED UNDER THE HOME HEALTH PROGRAM.	AUDIT
920	DAY HABILITATION SERVICES LIMITED TO 240 DAYS (1440 HOURS)	AUDIT
921	TOTAL ALLOWED AMOUNT EXCEEDED FOR MONTH OF SERVICE	AUDIT
922	Y5352(01) AND Y5353(01) LIMITED TO ONE EACH PER LIFETIME.	AUDIT
923	PAYMENT ALLOWED FOR PROGRAM MAXIMUM OF 2 TRIPS PER DATE OF SERVICE	AUDIT
924	PROCEDURE 80092 INCLUDES 84436, 84443 AND 84479, PROVIDER SHOULD NOT RE-BILL FOR SERVICES.	AUDIT
925	ANNUAL LIMITATION HAS BEEN REACHED FOR PROCEDURE CODE BILLED	AUDIT
926	PROCEDURE CODE D2710 AND D2751 LIMITED TO ONE PER THREE CALENDAR YEARS	AUDIT
927	MENTAL HEALTH PROCEDURE CODES LIMITED TO 32 UNITS PER MONTH	AUDIT
928	MENTAL HEALTH PROCEDURE CODES LIMITED TO 40 UNITS PER MONTH	AUDIT
929	NURSING ASSESSMENT AND HEALTH SERVICES LIMITED TO 8 UNITS PER DAY	AUDIT
930	NO SEALANT ALLOWED IF TOOTH HAS BEEN EXTRACTED OR RECEIVED RESTORATIVE SERVICES.	AUDIT
931	EMERGENCY - OPEN PULP CHAMBER NOT ALLOWED WITH ROOT CANAL	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
932	DENTAL PROSTHESIS (UPPER) NOT REPLACEABLE FOR 3 YEARS	AUDIT
933	CLAIM MUST BE RESUBMITTED ON A HARD COPY DOCUMENT	AUDIT
934	DENTAL EXAMINATION EXCEEDS LIMIT OF 2 PER CALENDAR YEAR.	AUDIT
935	PRIOR APPROVAL REQUIRED AFTER 2 MONTHS OF RENTAL	AUDIT
937	MEDICARE DEDUCTIBLE AMOUNT EXCEEDS ALLOWABLE	AUDIT
938	MEDICARE DEDUCTIBLE AMOUNT EXCEEDS ALLOWABLE	AUDIT
939	PSYCHIATRIC SERVICE NOT COVERED ON SAME DAY AS EVAL/MGMT OFFICE VISIT CODE.	AUDIT
941	PROCEDURE 80092 HAS BEEN PAID BY PROCEDURE 84436, 84443 OR 84479, PROVIDER SHOULD NOT RE-BILL FOR SERVICES.	AUDIT
942	CLAIM IS PENDING REVIEW BY ELECTRONIC DATA SYSTEMS	AUDIT
943	CHILDBIRTH EDUCATION PROCEDURE CODE ALLOWED ONLY ONCE PER 5 DAYS.	AUDIT
944	CHILDBIRTH EDUCATION PROGRAM CLAIM OVERLAPS WITH OUTPATIENT CLAIM CONTAINING REVENUE CODE 942.	AUDIT
945	EACH CHILDBIRTH EDUCATION PROCEDURE CODE ALLOWED ONLY ONCE PER CALENDAR YEAR.	AUDIT
946	RECIPIENT LIMITED TO ONE CHILDBIRTH EDUCATION PROVIDER PER CALENDAR YEAR.	AUDIT
947	Y5351(01) MAY NOT BE BILLED WITHIN 14 DAYS OF Y5350(01)	AUDIT
948	DEPO PROVERA INJECTION LIMITED TO 5 UNITS EVERY 365 DAYS	AUDIT
949	CONDOMS LIMITED TO 14 UNITS EVERY 365 DAYS	AUDIT
950	HEARING AID NOT REPLACEABLE WITHIN 3 YEARS	AUDIT
951	CLAIM UNITS HAVE EXCEEDED THE PRIOR AUTHORIZED MONTHLY MAXIMUM UNITS	AUDIT
952	HEARING AID NOT REPLACEABLE WITHIN 5 YEARS	AUDIT
953	RESUBMIT USING 93553 ONLY, 93548 AND 93551 ARE INCLUDED IN	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
93553		
954	DENIED - CONTACTS WITH REFRACTIVE PRESCRIPTION IN LENS MUST BE PRIOR - APPROVED.	AUDIT
955	SERVICE CODE Y0411 IS ONLY ALLOWED WITH SERVICE CODE Y0418	AUDIT
956	ECMO, NICU, OR CCU PROCEDURES CAN NOT BE BILLED TOGETHER.	AUDIT
957	DUPLICATE BETTER HEALTH CARE CASE MANAGEMENT FEE CLAIM.	AUDIT
958	UPPER DENTURE ADJUSTMENT LIMITED TO TWO PER CALENDAR YEAR	AUDIT
959	PROCEDURE CODE 93547 IS INCLUDED IN REIMBURSEMENT FOR PROCEDURE CODE 93549	AUDIT
96A	CHILD AND ADOLESCENT DAY TREATMENT LIMITED TO 100 UNITS PER MONTH	AUDIT
96B	CHILD AND ADOLESCENT DAY TREATMENT LIMITED TO 138 UNITS PER MONTH	AUDIT
960	PROCEDURE LIMITED TO ONE PER CALENDAR YEAR	AUDIT
961	REIMBURSEMENT FOR BRACHYTHERAPY INCLUDES HOSPITAL ADMISSION AND ALL VISITS FOR THAT COURSE OF TREATMENT.	AUDIT
962	REIMBURSEMENT FOR BRACHYTHERAPY INCLUDES HOSPITAL ADMISSION AND ALL VISITS FOR THAT COURSE OF TREATMENT.	AUDIT
963	PROCEDURE CODE D2940 (SEDATIVE FILLING) NOT ALLOWED WITH PROCEDURES BILLED	AUDIT
964	PROCEDURE CODES BILLED NOT ALLOWED WITH PROCEDURE D2940 (SEDATIVE FILLING)	AUDIT
965	GLOBAL FEE HAS BEEN PAID FOR THIS PREGNANCY. DO NOT RESUBMIT.	AUDIT
966	GLOBAL AND ITEMIZED FEES CANNOT BE REIMBURSED FOR THE SAME PREGNANCY. DO NOT RESUBMIT.	AUDIT
967	SERVICE BILLED IS INCLUDED IN REIMBURSEMENT FOR GLOBAL OBSTETRICAL CARE. DO NOT RESUBMIT.	AUDIT
968	SERVICE BILLED IS INCLUDED IN GLOBAL OBSTRETICAL FEE	AUDIT

EOB NUM ---	MESSAGE -----	EDIT/AUD IND -----
969	PREVIOUS AMBULATORY CLAIM HAS BEEN PRICED AT 100%	AUDIT
970	INTRA CAPSULAR PROCEDURE BILLED ON SAME DATE AS EXTRA CAPSULAR PROCEDURE	AUDIT
971	EXTRA CAPSULAR PROCEDURE BILLED ON SAME DATE AS INTRA CAPSULAR PROCEDURE	AUDIT
972	PROCEDURE ALLOWED ONLY TWICE PER CALENDAR YEAR	AUDIT
973	PROCEDURE ALLOWED ONLY TWICE PER CALENDAR YEAR	AUDIT
974	SUTURING NOT ALLOWED IN COMBINATION WITH PROCEDURE BILLED	AUDIT
975	PROCEDURE 90080 LIMITED TO ONE PER FISCAL YEAR	AUDIT
976	PROCEDURE CODES BILLED NOT ALLOWED IN COMBINATION WITH SUTURING	AUDIT
977	OBSTETRICAL CARE HAS BEEN PAID FOR THIS PREGNANCY	AUDIT
978	PROCEDURE CODES Q0103-T1, Q0109-T1 AND 92506-T1 LIMITED TO ONE UNIT EACH PER CALENDAR YEAR.	AUDIT
979	PROCEDURE CODE Q0104-T1 AND Q0110-T1 ARE LIMITED TO ONE UNIT EACH PER 90 DAYS.	AUDIT
980	PROCEDURE CODES M0007-T1, M0008-T1, AND H5300-22 LIMITED TO 20 UNITS EACH PER CALENDAR MONTH.	AUDIT
981	PROCEDURE CODES H5300-T1 AND 92507-T1 LIMITED TO 10 UNITS EACH PER CALENDAR MONTH.	AUDIT
982	THERAPY/CHILDREN INTERVENTION SERVICES DUPLICATE.	AUDIT
983	RECIPIENT HAS EXCEEDED 10 UNIT LIMIT OF PSYCHOLOGICAL SERVICES	AUDIT
984	Y4240 OR Y4260 MUST BE BILLED ON SAME DATE OF SERVICE AS DAY-CARE PROCEDURE CODE.	AUDIT
985	CLAIMS FOR MORE THAN ONE UNIT OF THIS SERVICE WITHIN A 30 DAY PERIOD, FROM THE SAME PHYSICIAN FOR ONE PATIENT IS NOT USUAL. FOR RECONSIDERATION, RESUBMIT THE CLAIM WITH MEDICAL DOCUMENTATION TO SUPPORT THE ADDITIONAL SERVICE	AUDIT

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986	Y4240 NOT ALLOWED ON SAME OR OVERLAPPING DATE OF SERVICE AS Y4260.	AUDIT
987	PROCEDURE 93543, 93545 AND 93510 ARE INCLUDED IN 93547 FOR CORRECT REIMBURSEMENT, SUBMIT AN ADJUSTMENT TO CHANGE PAID CODES TO 93547	AUDIT
988	ONLY ONE B1 LEAD SCREENING PROCEDURE ALLOWED PER CALENDAR YEAR.	AUDIT
989	PROCEDURE CODE 93547 IS INCLUDED IN PROCEDURE CODE 93549: FOR CORRECT PAYMENT SUBMIT AN ADJUSTMENT TO CHANGE PROCEDURE CODE 93547 TO 93549	AUDIT
990	LEAD SCREENING PROCEDURE B3 IS LIMITED TO SIX PER CALENDAR YEAR.	AUDIT
991	RESUBMIT USING PROCEDURE CODE 93553 ONLY. PROCEDURE CODES 93548 AND 93551 ARE INCLUDED IN 93553.	AUDIT
992	ONLY ONE B2 LEAD SCREENING PROCEDURE ALLOWED PER LIFETIME.	AUDIT
993	93549 AND 93551 ARE INCLUDED IN 93550. FOR CORRECT REIMBURSEMENT, SUBMIT AN ADJUSTMENT TO CHANGE PAID CODE TO 93550	AUDIT
994	Y4260 NOT ALLOWED ON SAME OR OVERLAPPING DATE OF SERVICE AS Y4240.	AUDIT
995	LEAD SCREENING PROCEDURE B4 LIMITED TO ONE PER CALENDAR YEAR FOR CHILDREN OVER 10 YEARS OF AGE.	AUDIT
996	SINGLE SOURCE NSAID BILLED WITHOUT VALID PRIOR APPROVAL.	AUDIT
997	PROCEDURE 80091 HAS BEEN PAID BY PROCEDURE 84436 AND 84479, PROVIDER SHOULD NOT RE-BILL FOR SERVICES.	AUDIT
998	POINT-OF-SALE CAPTURE RESPONSE TEST	EDIT
999	TEMPORARY SUSPENSION - CLAIMS WILL BE RECYCLED - DO NOT RESUBMIT	AUDIT